

## Supplementary Appendix

**Supplement to: The burden of adhesions in abdominal and pelvic surgery: a systematic review**

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Not applicable, only 1 study in analysis

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Not applicable, all studies intermediate quality

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## PROSPERO International prospective register of systematic reviews

### Review title and timescale

#### 1 Review title

Give the working title of the review. This must be in English. Ideally it should state succinctly the interventions or exposures being reviewed and the associated health or social problem being addressed in the review.

*The burden of adhesions in abdominal and pelvic surgery: a systematic review*

#### 2 Original language title

For reviews in languages other than English, this field should be used to enter the title in the language of the review. This will be displayed together with the English language title.

#### 3 Anticipated or actual start date

Give the date when the systematic review commenced, or is expected to commence.

*05/10/2011*

#### 4 Anticipated completion date

Give the date by which the review is expected to be completed.

*31/01/2013*

#### 5 Stage of review at time of this submission

Indicate the stage of progress of the review by ticking the relevant boxes. Reviews that have progressed beyond the point of completing data extraction at the time of initial registration are not eligible for inclusion in PROSPERO. This field should be updated when any amendments are made to a published record.

The review has not yet started

*No*

Review stage	Started	Completed
Preliminary searches	<i>No</i>	<i>Yes</i>
Piloting of the study selection process	<i>No</i>	<i>Yes</i>
Formal screening of search results against eligibility criteria	<i>No</i>	<i>Yes</i>
Data extraction	<i>Yes</i>	<i>Yes</i>
Risk of bias (quality) assessment	<i>Yes</i>	<i>Yes</i>
Data analysis	<i>Yes</i>	<i>Yes</i>

Provide any other relevant information about the stage of the review here.

### Review team details

#### 6 Named contact

The named contact acts as the guarantor for the accuracy of the information presented in the register record.

*Richard ten Broek*

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#### 9 Named contact phone number

Enter the telephone number for the named contact, including international dialing code.

*+31636304310*

#### 10 Organisational affiliation of the review

Full title of the organisational affiliations for this review, and website address if available. This field may be completed as 'None' if the review is not affiliated to any organisation.

*Dutch Adhesion Group*

Website address:

*www.adhesies.nl*

#### 11 Review team members and their organisational affiliations

Give the title, first name and last name of all members of the team working directly on the review. Give the organisational affiliations of each member of the review team.

Title	First name	Last name	Affiliation
Dr	Richard	ten Broek	Radboud University Nijmegen Medical Center
Mr	Yama	Issa	Radboud University Nijmegen Medical Center
Dr	Evert	van Santbrink	Erasmus Medical Center
Dr	Nicole	Bouvy	Maastricht University Medical Centre
Dr	Roy	Kruitwagen	Maastricht University Medical Centre
Professor	Johannes	Jeekel	Erasmus Medical Center
Dr	Erica	Bakkum	Onze Lieve Vrouwe Gasthuis Amsterdam
Dr	Harry	van Goor	Radboud University Nijmegen Medical Center
Professor	Marouska	Rovers	Radboud University Nijmegen Medical Center

## 12 Funding sources/sponsors

Give details of the individuals, organizations, groups or other legal entities who take responsibility for initiating, managing, sponsoring and/or financing the review. Any unique identification numbers assigned to the review by the individuals or bodies listed should be included.

No external funding

## 13 Conflicts of interest

List any conditions that could lead to actual or perceived undue influence on judgements concerning the main topic investigated in the review.

Are there any actual or potential conflicts of interest?

None known

## 14 Collaborators

Give the name, affiliation and role of any individuals or organisations who are working on the review but who are not listed as review team members.

Title	First name	Last name	Organisation details
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## Review methods

## 15 Review question(s)

State the question(s) to be addressed / review objectives. Please complete a separate box for each question.

To systematically review the incidence and morbidity of the four most important complications of postoperative adhesion formation, i.e:

small bowel obstruction

female infertility

difficulties during reoperation

chronic abdominal pain

## 16 Searches

Give details of the sources to be searched, and any restrictions (e.g. language or publication period). The full search strategy is not required, but may be supplied as a link or attachment.

We will search the Cochrane Central Register of Controlled Trials (CENTRAL), PubMed (1990 till present) and EMBASE (1990 till present). To increase the yield of relevant studies, we will also inspect the reference lists of all identified studies. There will be no language or publication restrictions. Over the last decades the introduction of new surgical techniques, protocols and standards has changed the indications and performance of surgery dramatically (e.g. the introduction of laparoscopy, percutaneous techniques, TME resection as the standard treatment in rectum carcinomas etc.). Although the cut-off point of 1990 is somewhat arbitrary, some date restriction is necessary to give representative numbers for contemporary surgery. We will perform a sensitivity analysis to study the influence of time by comparing the timeframe 1990-2000 and 2000- present (see below).

## 17 URL to search strategy

If you have one, give the link to your search strategy here. Alternatively you can e-mail this to PROSPERO and we will store and link to it.

## 18 Condition or domain being studied

Give a short description of the disease, condition or healthcare domain being studied. This could include health and wellbeing outcomes.

Small bowel obstruction, female infertility, inadvertent enterotomy, operative time, chronic abdominal pain.

## 19 Participants/population

Give summary criteria for the participants or populations being studied by the review. The preferred format includes details of both inclusion and exclusion criteria.

Patients with any peritoneal surgery in history.

## 20 Intervention(s), exposure(s)

Give full and clear descriptions of the nature of the interventions or the exposures to be reviewed  
Any type of general, vascular, gynecological or urological surgery performed via laparotomy or laparoscopy.

## 21 **Comparator(s)/control**

Where relevant, give details of the alternatives against which the main subject/topic of the review will be compared (e.g. another intervention or a non-exposed control group).

Not applicable.

## 22 **Types of study to be included initially**

Give details of the study designs to be included in the review. If there are no restrictions on the types of study design eligible for inclusion, this should be stated.

Inclusion criteria: Different types of studies were considered if the incidence of adhesion related complications could be extracted for the cohort of patients with peritoneal surgery in history. Case series were considered if consecutive and a cohort of at least 10 patients was included. Exclusion criteria: Multiple publications of the same cohort with no new information on predefined outcomes. No transperitoneal surgery (i.e. preperitoneal or retroperitoneal surgery)

## 23 **Context**

Give summary details of the setting and other relevant characteristics which help define the inclusion or exclusion criteria.

## 24 **Primary outcome(s)**

Give the most important outcomes.

Incidence of adhesive small bowel obstruction.

Give information on timing and effect measures, as appropriate.

Up to 10 years after peritoneal surgery

## 25 **Secondary outcomes**

List any additional outcomes that will be addressed. If there are no secondary outcomes enter None.

Incidence of inadvertent enterotomy. Pregnancy rate following surgery. Incidence of chronic visceral pain. Incidence of any episode of small bowel obstruction. Incidence of adhesions found in patients with small bowel obstruction. Reoperations for adhesive small bowel obstruction. Length of hospital stay for episodes of adhesive small bowel obstruction. In-hospital mortality from adhesive small bowel obstruction. Difference in operative time between patients with or without prior surgery in history. Utilization of fertility treatment for pregnancy. Incidence of adhesions in patients evaluated for postoperative acquired female infertility. Adhesions found during reoperation for chronic abdominal pain.

Give information on timing and effect measures, as appropriate.

Most outcomes up to 10 years after surgery. For outcomes "incidence of enterotomy" and "difference in operative time", timeframe is during a subsequent peritoneal operation. Fertility related outcomes are lifelong in the period after an abdominal operation.

## 26 **Data extraction, (selection and coding)**

Give the procedure for selecting studies for the review and extracting data, including the number of researchers involved and how discrepancies will be resolved. List the data to be extracted.

At least two reviewers will extract data on study design, characteristics, number of participants, and outcomes reported. An electronic data extraction sheet has been developed comprising quality scores and outcome data. Discrepancies will be resolved through discussion.

## 27 **Risk of bias (quality) assessment**

State whether and how risk of bias will be assessed, how the quality of individual studies will be assessed, and whether and how this will influence the planned synthesis.

Two reviewers will independently assess the methodological quality. The methodological quality of the included studies will be scored according to a revised version of the Newcastle-Ottawa Scale: Selection of cohort representativeness of cohort: rated one star if unselected surgical cohort or, within subgroups, a common operation type of operation using conventional techniques is performed. outcome was not present at start of study: rated one star if study demonstrated that outcome of interest was not already present at start of study. outcome assessment (blinding of outcome assessor, adequate time to follow-up for condition to -assessment method: rated one star if diagnosis was confirmed through a blinded outcome assessor or secure records (e.g. surgical records) Adequate time to follow up: rated one star, for longitudinal assessment of small bowel obstruction, fertility and chronic pain a follow-up of at least one year between operation and assessment. Longterm follow-up is not required for other outcomes. Follow-up methods Rated one star if percentage loss to follow-up is at maximum 10% and reasons for loss adequately described. Maximum score is 5 stars. 5 stars is considered high quality. 3 to 4 stars is considered intermediate quality and 1-2 stars low quality. Sensitivity analysis will be performed using this quality scoring.

## 28 **Strategy for data synthesis**

Give the planned general approach to be used, for example whether the data to be used will be aggregate or at the level of individual participants, and whether a quantitative or narrative (descriptive) synthesis is planned. Where appropriate a brief outline of analytic approach should be given.

Assessment of heterogeneity: Since large heterogeneity is to be expected we will first assess the clinical heterogeneity of the studies. Based on this clinical heterogeneity we defined some a priori subgroups based on the anatomical location, i.e. general surgery (unselected mixture of different operations), Upper GI, Lower GI, Hepato-biliary and pancreatic surgery, abdominal wall surgery, gynecological surgery, urological and pediatric surgery. Furthermore, since minimal invasive techniques are often considered to be correlated with less adhesion related complication, we will also perform a subgroup analyses comparing laparoscopic vs. open surgery. However, from a societal perspective the overall incidence of adhesion related complications after any type of surgery might also be important, e.g. for policy makers. We will therefore also pool all studies. To adjust for some heterogeneity between studies we will use a random effects model. As recommended in the Cochrane handbook, heterogeneity was measured using I<sup>2</sup> tests. An I<sup>2</sup> value between 50 and 75% was defined as substantial heterogeneity and an I<sup>2</sup> = 75% was defined as considerable heterogeneity. Dealing with missing data: We will try to contact the authors to provide additional information in case of missing data. In primary analyses, we will only analyse the available data, but we will also explore the impact of incomplete data reporting on the validity of our results by performing scenario analyses (best and worst-case scenario). Best-case and worst-case scenarios will be made for the outcomes: •



Incidence of adhesive small bowel obstruction • Incidence of inadvertent enterotomy • Pregnancy rate following surgery • Incidence of chronic visceral pain • Incidence of any episode of small bowel obstruction • Reoperations for adhesive small bowel obstruction In the best-case scenario analyses we assume a lower incidence of adhesion related complications. i.e. all dropouts do not have an adhesion related outcome and all dropouts have become pregnant. In contrast, in the worst-case scenario analyses a higher incidence of adhesion related outcomes is assumed, i.e. all dropouts have the adhesion related outcome and none became pregnant. Data analyses: The inverse variance method will be used for pooling incidences and presented as proportion (p) with 95% confidence intervals (CI). Assessment of reporting biases: We will assess reporting biases using funnel plots.

## 29 Analysis of subgroups or subsets

Give any planned exploration of subgroups or subsets within the review. 'None planned' is a valid response if no subgroup analyses are planned.

We plan to perform the following subgroup analyses: • Subgroups according to anatomical location: general surgery (unselected mixture of different operations), upper gastro-intestinal tract lower gastro-intestinal tract hepato-biliary and pancreatic surgery abdominal wall surgery gynecological surgery urological surgery pediatric surgery • Minimal invasive vs. open technique laparotomy laparoscopy We will perform sensitivity analyses to study the robustness of the results in four stages: 1) We will test whether the impact of a single study was strong enough to significantly affect the pooled estimate. This sensitivity assessment was performed excluding each individual study in turn, repeating the analysis systematically and then comparing the resulting pooled estimate and 95% confidence interval, with the estimate and interval obtained including all the studies. A change in the pooled estimate of more than 10% or in the confidence interval of more than 25% was considered significant and reported. 2) We will compare the effects according to the methodological quality of the study, i.e. high, intermediate or low quality. 3) We will compare the pooled outcome of prospective cohorts with those of the retrospective cohorts. 4) We will compare studies between 1990- 2000 with those published as from 2000 until present.

## Review general information

### 30 Type of review

Select the type of review from the drop down list.

Other

### 31 Language

Select the language(s) in which the review is being written and will be made available, from the drop down list. Use the control key to select more than one language.

English

Will a summary/abstract be made available in English?

Yes

### 32 Country

Select the country in which the review is being carried out from the drop down list. For multi-national collaborations select all the countries involved. Use the control key to select more than one country.

Netherlands

### 33 Other registration details

List places where the systematic review title or protocol is registered (such as with the Campbell Collaboration, or The Joanna Briggs Institute). The name of the organisation and any unique identification number assigned to the review by that organization should be included.

### 34 Reference and/or URL for published protocol

Give the citation for the published protocol, if there is one.

Give the link to the published protocol, if there is one. This may be to an external site or to a protocol deposited with CRD in pdf format.

### 35 Dissemination plans

Give brief details of plans for communicating essential messages from the review to the appropriate audiences.

Do you intend to publish the review on completion?

Yes

### 36 Keywords

Give words or phrases that best describe the review. (One word per box, create a new box for each term)

Adhesions

Incidence

burden of disease

small bowel obstruction

complications

surgery

laparotomy

laparoscopy

enterotomy

### 37 Details of any existing review of the same topic by the same authors

Give details of earlier versions of the systematic review if an update of an existing review is being registered, including full bibliographic reference if possible.

### 38 Current review status

Review status should be updated when the review is completed and when it is published.

Completed but not published

30/04/2013

## Appendix B. Full reference to included studies and unretrieved studies

### References to included studies:

- (1) Abasbassi M, Pottel H, Deylgat B, Vansteenkiste F, Van RF, Devriendt D et al. Small Bowel Obstruction After Antecolic Antegastric Laparoscopic Roux-en-Y Gastric Bypass Without Division of Small Bowel Mesentery: A Single-Centre, 7-Year Review. *Obes Surg* 2011.
- (2) Aberg H, Pahlman L, Karlborn U. Small-bowel obstruction after restorative proctocolectomy in patients with ulcerative colitis. *Int J Colorectal Dis* 2007; 22(6):637-642.
- (3) Abol-Enein H, Ghoneim MA. Functional results of orthotopic ileal neobladder with serous-lined extramural ureteral reimplantation: experience with 450 patients. *J Urol* 2001; 165(5):1427-1432.
- (4) Adachi W, Koike S, Rafique M, Kajikawa S, Kaneko G, Kuroda T et al. Preoperative intraperitoneal chemotherapy for gastric cancer, with special reference to delayed peritoneal complications. *Surg Today* 1995; 25(5):396-403.
- (5) Ahlberg G, Bergdahl S, Rutqvist J, Soderquist C, Frenckner B. Mechanical small-bowel obstruction after conventional appendectomy in children. *Eur J Pediatr Surg* 1997; 7(1):13-15.
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## Appendix C. General study Characteristics and results from risk of bias assessment

Study	Design	Population	Operation	Technique	SBO	Difficulties at reoperation	Infertility	Pain	Selection of cohort	Outcome assessment
Abasbassi 2011	retrospective	Adult	Laparoscopic Roux-en-Y Gastric Bypass	Laparoscopy	1	0	0	0		**
Aberg 2007	retrospective	Adult	Colorectal	Laparotomy	1	0	0	0	**	***
Abol-Enein 2001	retrospective	Adult	Urology	Laparotomy	1	0	0	0	*	**
Adachi 1995	retrospective	Adult	Upper GI	Laparotomy	1	0	0	0		***
Ahlberg 1997	retrospective	Paediatric	Appendectomy	Laparotomy	1	0	0	0	*	**
Akgur 1991	retrospective	Paediatric	General Surgery	NA	1	1	0	0	**	***
Alexakis 2003	prospective	Adult	Hepato-biliary pancreatic	Laparotomy	1	0	0	0	*	***
Alwan 1999	retrospective	Adult	Colorectal	NA	1	1	0	0	*	***
Ambiru 2008	retrospective	Adult	General Surgery	Mixed, no subgroups	1	0	0	0	*	***
Aminsharifi 2011	retrospective	Adult	Urology	Laparoscopy	0	1	0	0	*	***
Amos 1996	retrospective	Adult	Colorectal	NA	1	0	0	0	*	***
Arnold 2010	retrospective	Paediatric	Colorectal	Laparotomy	1	0	0	0	*	***
Atiq 1993	prospective	Adult	Upper GI	Laparotomy	1	0	0	0		***
Baccari 2009	retrospective	Adult	Abdominal Wall	Laparoscopy	0	1	0	0	**	***
Baghai 2009	prospective	Adult	Abdominal Wall	Laparoscopy	0	1	0	0	*	***
Bartels 2012	retrospective	Adult	Colorectal	Mixed, subgroups	1	0	0	0	*	***
Beck 1999	retrospective	Adult	General Surgery	Laparotomy	1	0	0	0	*	***
Becmeur 1998	retrospective	Paediatric	General Surgery	Laparoscopy	1	1	0	0	*	***
Ben-Haim 2002	retrospective	Adult	Abdominal Wall	Laparoscopy	0	1	0	0	**	***
Beyrout 2006	retrospective	Adult	General Surgery	NA	1	0	0	0	*	***
Bissada 2004	retrospective	Adult	Urology	Laparotomy	1	0	0	0	*	**
Blachar 2001	retrospective	Adult	Hepato-biliary pancreatic	Laparotomy	1	0	0	0		***
Blachar 2002	retrospective	Adult	Laparoscopic Roux-en-Y Gastric Bypass	Laparoscopy	1	0	0	0	*	*
Bojahr 1995	retrospective	Adult	General Surgery	Mixed, no subgroups	0	0	0	1	**	***
Boone 2012	retrospective	Adult	Colorectal	NA	0	1	0	0	*	***
Borzellino 2004	retrospective	Adult	General Surgery	Laparoscopy	1	1	0	0		***
Bouasker 2010	retrospective	Adult	Laparoscopic Cholecystectomy	Laparoscopy	0	1	0	0	**	***
Boukerrou 2001	retrospective	Adult	Gynaecology	Laparoscopy	0	1	0	0	**	***
Bringman 2005	retrospective	Adult	Laparoscopic Inguinal Hernia repair	Laparoscopy	0	0	0	0	*	***
Burcos 2002	retrospective	Adult	General Surgery	Laparotomy	0	1	0	0	**	***
Cabot 2010	prospective	Adult	Colorectal	Laparoscopy	1	0	0	0	*	***
Capella 2006	retrospective	Adult	Laparoscopic Roux-en-Y Gastric Bypass	Laparoscopy	1	0	0	0	*	***
Catena 2012	prospective	Adult	General Surgery	Laparotomy	1	0	0	0	**	***
Champion 2003	retrospective	Adult	Laparoscopic Roux-en-Y Gastric Bypass	Laparoscopy	1	0	0	0	*	**
Chang 2012	retrospective	Paediatric	Colorectal	Mixed, subgroups	1	0	0	0	*	***
Chen 1999	retrospective	Adult	General Surgery	NA	1	0	0	0	*	***
Chin 2007	prospective	Adult	Urology	Laparoscopy	1	0	0	0		**
Cho 2006	retrospective	Adult	Laparoscopic Roux-en-Y Gastric Bypass	Laparoscopy	1	0	0	0	*	*

Chopra 2003	retrospective	Adult	General Surgery	Mixed, subgroups	1	1	0	0	**	***
Chou 2005	retrospective	Adult	General Surgery	Laparotomy	1	0	0	0	*	***
Choudhry 2006	retrospective	Paediatric	General Surgery	Laparotomy	1	0	0	0	**	***
Coleman 2000	prospective	Adult	General Surgery	Laparotomy	0	1	0	0	**	***
Coran 1990	retrospective	Adult and Paediatric	Colorectal	Laparotomy	1	0	0	0	*	***
Counihan 1994	retrospective	Adult	Colorectal	Laparotomy	0	0	1	0	*	*
Cox 1993	retrospective	Adult	General Surgery	Laparotomy	1	0	0	0	*	***
Cox 1993a	retrospective	Adult	General Surgery	Laparotomy	1	0	0	0	*	***
Dadan 1996	retrospective	Adult	Rectum prolaps	Laparotomy	1	0	0	0		***
Dasmahapatra 1991	retrospective	Adult	Colorectal	Laparotomy	1	0	0	0		***
Duron 2000	retrospective	Adult	General Surgery	Mixed, no subgroups	1	0	0	0	*	***
Duron 2008	prospective	Adult	General Surgery	Laparoscopy	1	0	0	0	*	***
Edna 1998	retrospective	Adult	Colorectal	Laparotomy	1	0	0	0	*	***
El-Gohary 2010	retrospective	Paediatric	Colorectal	Laparotomy	1	0	0	0		***
Els 1993	retrospective	Adult	Colorectal	Laparotomy	1	0	0	0		***
Ercan 2009	prospective	Adult	Laparoscopic Cholecystectomy	Laparoscopy	0	1	0	0	**	***
Escobar 2004	retrospective	Paediatric	Upper GI	Laparotomy	1	0	0	0		***
Eshuis 2010	prospective	Adult	Colorectal	Mixed, subgroups	1	0	0	0	*	***
Fan 2001	retrospective	Adult	Colorectal	Laparotomy	1	0	0	0		***
Fazio 2006	prospective	Adult	Colorectal	Laparotomy	1	0	0	0	**	***
Ferrari 2008	retrospective	Adult	Abdominal Wall	Laparoscopy	0	1	0	0	*	***
Fevang 2004	retrospective	Adult	General Surgery	NA	0	1	0	1	**	***
Finan 1997	retrospective	Adult	Gynaecology	Laparotomy	0	1	0	0	*	***
Finnell 2007	retrospective	Adult	Laparoscopic Roux-en-Y Gastric Bypass	Laparoscopy	0	0	0	0	**	**
Francois 1994	retrospective	Adult	General Surgery	Laparoscopy	0	1	0	0	**	***
Freys 1994	prospective	Adult	General Surgery	Laparoscopy	0	1	0	0	**	***
Fuchs 1992	retrospective	Adult	Laparoscopic Cholecystectomy	Laparoscopy	0	1	0	0	**	***
Gorgun 2004	retrospective	Adult	Colorectal	NA	0	0	1	0		*
Grant 2008	retrospective	Paediatric	General Surgery	Laparotomy	1	0	0	0	**	***
Gunabushanam 2009	retrospective	Adult	Laparoscopic Roux-en-Y Gastric Bypass	Laparoscopy	1	0	0	0	*	*
Guru 2010	retrospective	Adult	Other Lower GI	Laparoscopy	1	0	0	0		**
Ha 2008	retrospective	Paediatric	Other Lower GI	Laparotomy	1	0	0	0	*	***
Hahnloser 2004	prospective	Adult	Colorectal	Laparotomy	0	0	1	0		*
Hamel 2000	prospective	Adult	Colorectal	Laparoscopy	0	1	0	0	**	***
Hashimoto 2012	prospective	Adult	General Surgery	Laparotomy	1	0	0	0	**	*
Hayashi 2008	prospective	Adult	Upper GI	Laparotomy	1	0	0	0	**	***
Hernandez-Richter 1999	retrospective	Adult	Laparoscopic Inguinal Hernia repair	Laparoscopy	1	0	0	0		*
Howard 2000	prospective	Adult	Gynaecology	Mixed, no subgroups	0	0	0	1	*	***
Hudson 1997	retrospective	Adult	Colorectal	Laparotomy	0	0	1	0	*	*
Husain 2001	retrospective	Adult	Gynaecology	Laparoscopy	0	1	0	0	*	***

Husain 2007	retrospective	Adult	Laparoscopic Roux-en-Y Gastric Bypass	Laparoscopy	1	0	0	0	*	***
Hwang 2004	retrospective	Adult	Laparoscopic Roux-en-Y Gastric Bypass	Laparoscopy	1	0	0	0	*	**
Inoue 2005	prospective	Paediatric	General Surgery	Laparotomy	0	1	0	0	**	***
Jeong 2008	retrospective	Adult	Colorectal	Mixed, no subgroups	1	0	0	0	*	***
Johanet 1999	retrospective	Adult	General Surgery	Laparotomy	1	1	0	0	*	***
Johnson 2004	retrospective	Adult	Colorectal	Laparotomy	0	0	1	0	*	*
Karayiannakis 2004	retrospective	Adult	Laparoscopic Cholecystectomy	Laparoscopy	0	1	0	0	**	***
Kawamura 2009	retrospective	Adult	Other Lower GI	Laparotomy	1	0	0	0	**	***
Kawamura 2010	retrospective	Adult	Upper GI	Laparotomy	0	1	0	0		***
Keck 1994	retrospective	Adult	Colorectal	Laparotomy	0	1	0	0	**	***
Kehoe 2009	retrospective	Adult	Gynaecology	Laparotomy	1	0	0	0		***
Khaikin 2007	retrospective	Adult	General Surgery	Mixed, no subgroups	1	0	0	0	*	***
Khaitan 2003	retrospective	Adult	General Surgery	Laparoscopy	1	0	0	0		***
Kirshtein 2002	retrospective	Adult	Abdominal Wall	Laparoscopy	0	1	0	0		***
Klausner 1995	retrospective	Adult	General Surgery	Laparotomy	1	0	0	0		***
Kolmorgen 1998	retrospective	Adult	Gynaecology	Laparoscopy	0	1	0	0	**	***
Komori 1997	retrospective	Adult	Aorta Surgery	Laparotomy	0	1	0	0	*	***
Kumakiri 2010	prospective	Adult	Colorectal	Laparotomy	0	1	0	0	*	***
Kurian 2010	retrospective	Adult	General Surgery	NA	1	0	0	0	**	**
Kusunoki 2005	retrospective	Adult	Gynaecology	Laparoscopy	0	1	0	0	**	***
Kwok 2004	retrospective	Adult	Abdominal Wall	Laparoscopy	0	1	0	0	**	***
Kyzer 1999	prospective	Adult	Colorectal	Laparotomy	0	1	0	0	**	***
Kössi 2004	retrospective	Adult	Abdominal Wall	Laparoscopy	0	1	0	0	**	***
Kössi 2009	prospective	Adult	Colorectal	Laparoscopy	0	1	0	0	**	***
LeBlanc 2003	retrospective	Adult	Abdominal Wall	Laparoscopy	0	1	0	0	**	***
Lee 2012	prospective	Adult	Colorectal	NA	1	0	0	0	*	**
Lehmann-Willenbrock 1990	retrospective	Adult	Appendectomy	NA	0	0	1	1	*	***
Lepisto 2007	retrospective	Adult	Colorectal	Laparotomy	0	0	1	0		*
Leung 2009	retrospective	Adult	Appendectomy	Mixed, no subgroups	1	0	0	0	*	***
Lin 1995	retrospective	Paediatric	Other Lower GI	Laparotomy	1	0	0	0		***
Lo 2007	retrospective	Adult	General Surgery	NA	1	0	0	0	*	***
Lumley 2002	prospective	Adult	Colorectal	Laparoscopy	1	0	0	0	*	***
MacLean 2002	retrospective	Adult	Colorectal	NA	1	0	0	0		***
Mais 1998	retrospective	Adult	General Surgery	Laparotomy	1	0	0	0	*	***
Majewski 2005	prospective	Adult	General Surgery	Mixed, subgroups	1	0	0	0	*	*
Matter 1997	retrospective	Adult	General Surgery	NA	1	0	0	0	*	***
Mendez-Gallart 2011	retrospective	Paediatric	Other Lower GI	Mixed, no subgroups	1	0	0	0		***
Menzies 1990	retrospective	Adult	General Surgery	Laparotomy	1	0	0	0	*	**
Menzies 2001	retrospective	Adult	General Surgery	Laparotomy	1	0	0	0	*	***
Miller 2000	retrospective	Adult	General Surgery	Laparotomy	1	0	0	0	*	***



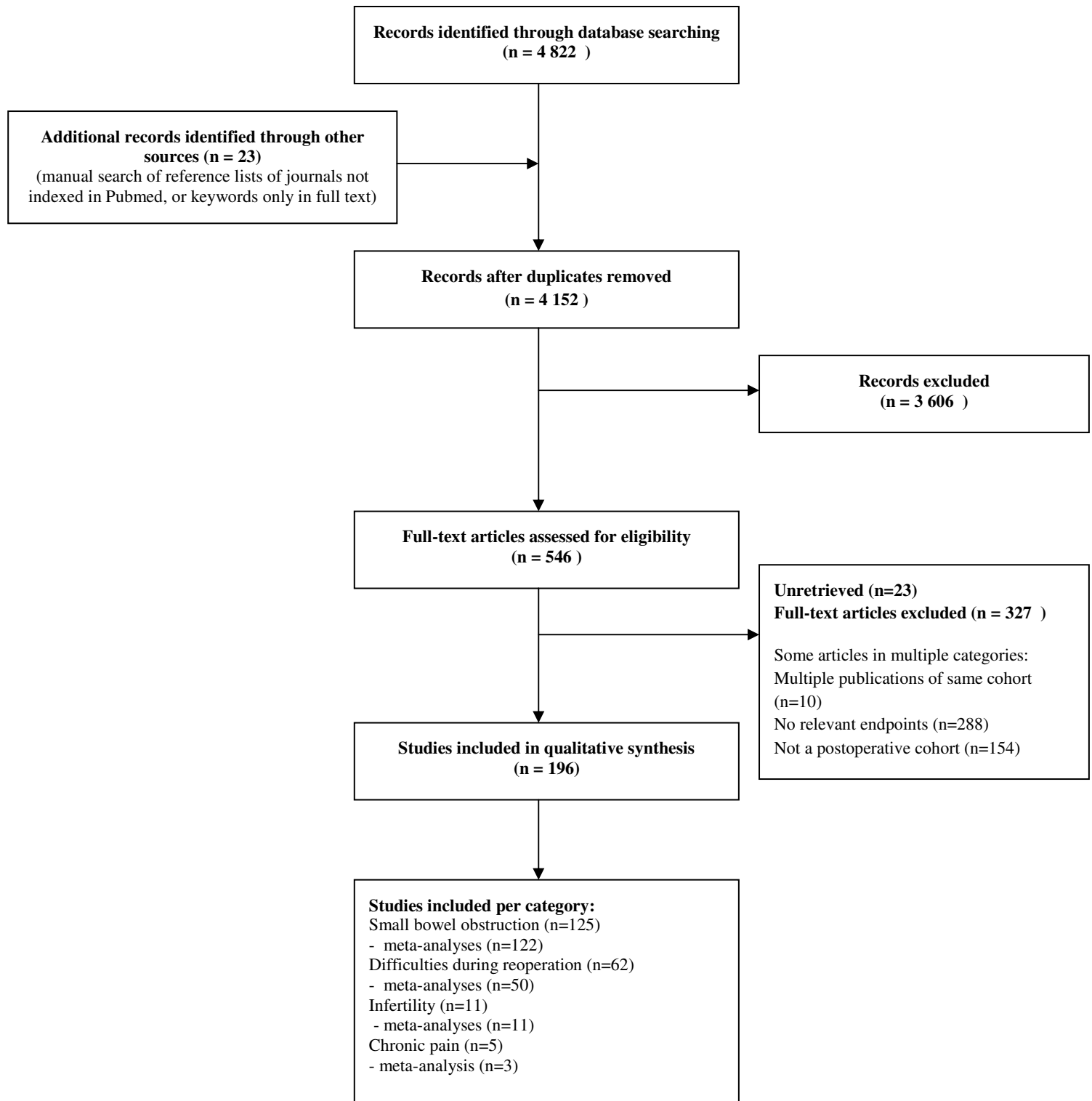
Miller 2002	retrospective	Adult	General Surgery	Laparotomy	1	0	0	0	*	***
Miyashiro 2010	retrospective	Adult	Laparoscopic Roux-en-Y Gastric Bypass	Laparoscopy	1	0	0	0		***
Montz 1994	retrospective	Adult	Gynaecology	Laparotomy	1	0	0	0		***
Morales 2007	retrospective	Adult	Caesarean section	Laparotomy	0	1	0	0	**	***
Mortier 2006	retrospective	Adult	Colorectal	Laparotomy	0	0	1	0	**	**
Muffly 2012	retrospective	Adult	Gynaecology	Mixed, subgroups	1	0	0	0	**	***
Murphy 2006	retrospective	Paediatric	Colorectal	Laparotomy	1	0	0	0		***
Naguib 2012	prospective	Adult	Colorectal	Laparoscopy	0	1	0	0	**	***
Nazemi 2006	retrospective	Adult	Urology	Laparoscopy	0	1	0	0		***
Nelson 2006	prospective	Adult	Roux-en-Y Gastric Bypass	Mixed, subgroups	1	0	0	0	*	***
Ng 2009	prospective	Adult	Colorectal	Mixed, subgroups	1	0	0	0	*	***
Nieuwenhuijzen 1998	retrospective	Adult	Colorectal	Laparotomy	1	0	0	0	*	***
Nour 1996	retrospective	Paediatric	Colorectal	Laparotomy	1	0	0	0		***
Nozaki 2008	retrospective	Adult	Colorectal	Laparoscopy	0	1	0	0	**	***
Oliveira 1997	retrospective	Adult	Other Lower GI	Laparoscopy	0	1	0	0	**	***
Olsen 2002	retrospective	Adult	Other Lower GI	Laparotomy	1	0	0	0		**
Olver 1990	retrospective	Adult	Colorectal	Laparotomy	0	0	1	0	*	*
Oresland 1994	retrospective	Adult	Colorectal	Laparotomy	0	0	1	0	*	
Pace 2002	prospective	Adult	Colorectal	Laparoscopy	1	0	0	0		***
Parakh 2007	retrospective	Adult	Laparoscopic Roux-en-Y Gastric Bypass	Laparoscopy	1	0	0	0		*
Parent 1995	retrospective	Adult	General Surgery	Laparoscopy	1	1	0	0	*	***
Parikh 2008	retrospective	Adult	Colorectal	NA	1	0	0	0	**	***
Parsons 2002	retrospective	Adult	Urology	Laparoscopy	0	1	0	0	*	***
Perrone 2005	retrospective	Adult	Abdominal Wall	Laparoscopy	0	1	0	0	**	***
Petersen 2009	prospective	Adult	Colorectal	Laparoscopy	0	1	0	0	*	***
Petros 2011	prospective	Adult	Urology	Laparoscopy	0	1	0	0	*	***
Pitt 2008	retrospective	Adult	Laparoscopic Roux-en-Y Gastric Bypass	Laparoscopy	0	0	0	1	*	***
Pohl 2008	retrospective	Adult	Urology	Laparoscopy	0	1	0	0		***
Ragni 1996	retrospective	Adult	Colorectal	Laparotomy	1	0	0	0		*
Rempen 1995	retrospective	Adult	Gynaecology	Mixed, no subgroups	1	0	0	0		*
Ritchey 1993	retrospective	Paediatric	Urology	Laparotomy	1	0	0	0		***
Rogula 2007	retrospective	Adult	Laparoscopic Roux-en-Y Gastric Bypass	Laparoscopy	1	0	0	0	*	***
Rosen 2009	retrospective	Adult	Abdominal Wall	Mixed, no subgroups	1	0	0	0		***
Rosin 2000	retrospective	Adult	General Surgery	Laparotomy	1	0	0	0	*	***
Rosin 2007	prospective	Adult	Colorectal	Laparoscopy	1	0	0	0	*	***
Ryan 2004	retrospective	Adult	Colorectal	NA	1	0	0	0	*	*
Sai 2007	retrospective	Paediatric	Other Lower GI	Laparoscopy	1	0	0	0		*
Saklani 2012	retrospective	Adult	Colorectal	Mixed, subgroups	1	0	0	0	**	***
Salum 2001	retrospective	Adult	Colorectal	Laparotomy	1	0	0	0	*	***
Sato 2001	retrospective	Adult	General Surgery	Laparoscopy	0	1	0	0		***

Scholin 2011	retrospective	Adult	Colorectal	Mixed, subgroups	1	0	0	0	*	**
Seki 2007	retrospective	Adult	Colorectal	Laparoscopy	0	1	0	0		***
Seror 1993	retrospective	Adult	General Surgery	NA	1	0	0	0	*	***
Shayani 2002	retrospective	Adult	Other Lower GI	Laparoscopy	0	1	0	0	*	***
Shieh 1995	retrospective	Paediatric	General Surgery	Laparotomy	1	0	0	0	*	***
Shih 2003	retrospective	Adult	General Surgery	Laparotomy	1	0	0	0	*	***
Shikata 1990	retrospective	Adult	General Surgery	Laparotomy	1	0	0	0	*	**
Siddiqui 2010	prospective	Adult	Urology	Laparoscopy	0	1	0	0	*	***
Sileri 2008	prospective	Adult	Colorectal	Laparotomy	1	0	0	0	*	***
Sosa 1993	retrospective	Adult	General Surgery	NA	1	0	0	0	*	***
Sowande 2011	retrospective	Paediatric	Colorectal	Laparotomy	1	0	0	0		**
Stanton 2010	retrospective	Paediatric	Upper GI	Mixed, subgroups	1	0	0	0		***
Suzuki 2003	retrospective	Adult	General Surgery	Laparotomy	1	0	0	0		***
Talwar 1997	prospective	Adult	Other Lower GI	Laparotomy	1	0	0	0		*
Tang 2003	prospective	Adult	Other Lower GI	Laparotomy	0	1	0	0	*	***
Tashjian 2007	retrospective	Paediatric	Other Lower GI	Laparotomy	1	0	0	0		***
Taylor 2006	retrospective	Adult	Upper GI	Laparotomy	1	0	0	0		***
Taylor 2010	retrospective	Adult	Colorectal	Mixed, subgroups	1	0	0	0	*	**
Ten Broek 2012	prospective	Adult	General Surgery	Mixed, subgroups	0	1	0	0	**	***
Tjandra 2008	prospective	Adult	Other Lower GI	Laparotomy	0	1	0	0	**	***
Tsao 2007	retrospective	Paediatric	Appendectomy	Mixed, subgroups	1	0	0	0	*	***
Unger 2000	retrospective	Adult	Laparoscopic Cholecystectomy	NA	0	1	0	0	*	***
Van Der Krabben 2000	retrospective	Adult	Other Lower GI	Laparotomy	0	1	0	0	**	***
van Eijck 2008	retrospective	Paediatric	Abdominal Wall	Laparotomy	1	0	0	0	*	***
Varkarakis 2007	retrospective	Adult	Urology	NA	1	0	0	0		***
Varnell 2008	retrospective	Adult	Abdominal Wall	Laparoscopy	0	1	0	0		***
Veselyi 1997	retrospective	Paediatric	Appendectomy	NA	1	0	0	0		***
Vignali 2007	retrospective	Adult	Colorectal	Laparoscopy	0	1	0	0	**	***
Wakhlu 2000	retrospective	Paediatric	Abdominal Wall	Laparotomy	1	0	0	0		**
Wakhlu 2009	retrospective	Paediatric	Colorectal	Laparotomy	1	0	0	0		***
Wang 1999	retrospective	Paediatric	Urology	Laparotomy	1	0	0	0		***
Wang 2005	retrospective	Adult	Colorectal	Laparotomy	1	0	0	0		**
Wang 2009	retrospective	Adult	Other Lower GI	Laparoscopy	1	0	0	0		***
Wikland 1990	retrospective	Adult	Colorectal	Laparotomy	0	0	1	0	*	**
Yamataka 1997	retrospective	Adult and Paediatric	Hepato-biliary pancreatic	NA	1	0	0	0		**
Yu 1994	retrospective	Adult	Laparoscopic Cholecystectomy	Laparoscopy	0	1	0	0	*	***
Yuh 2009	retrospective	Adult	Urology	Laparoscopy	0	1	0	0	*	***
Zbar 1993	retrospective	Adult	Appendectomy and Cholecystectomy	Laparotomy	1	0	0	0	**	**

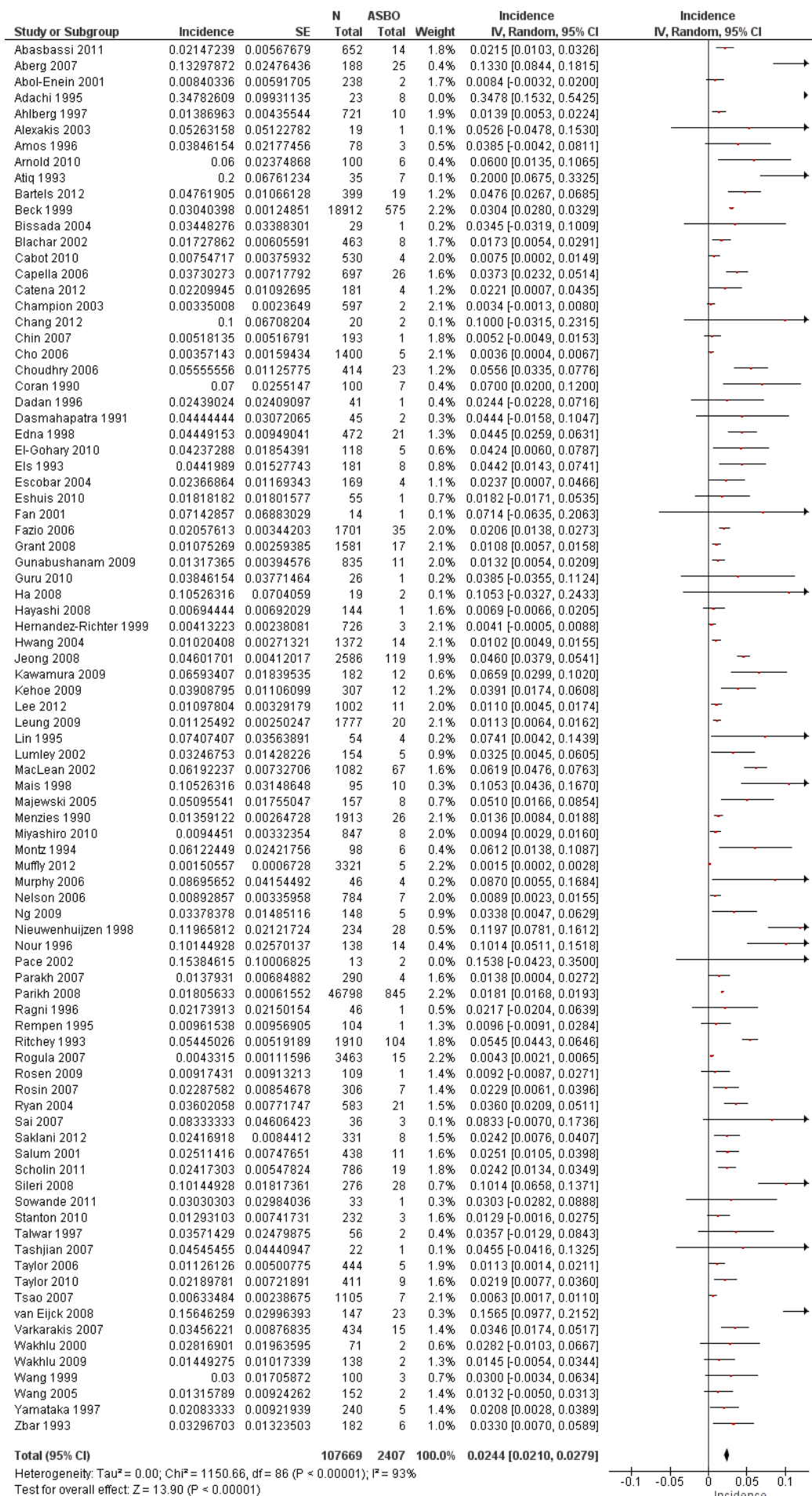


## Appendix D. Full results of systematic review and meta-analysis

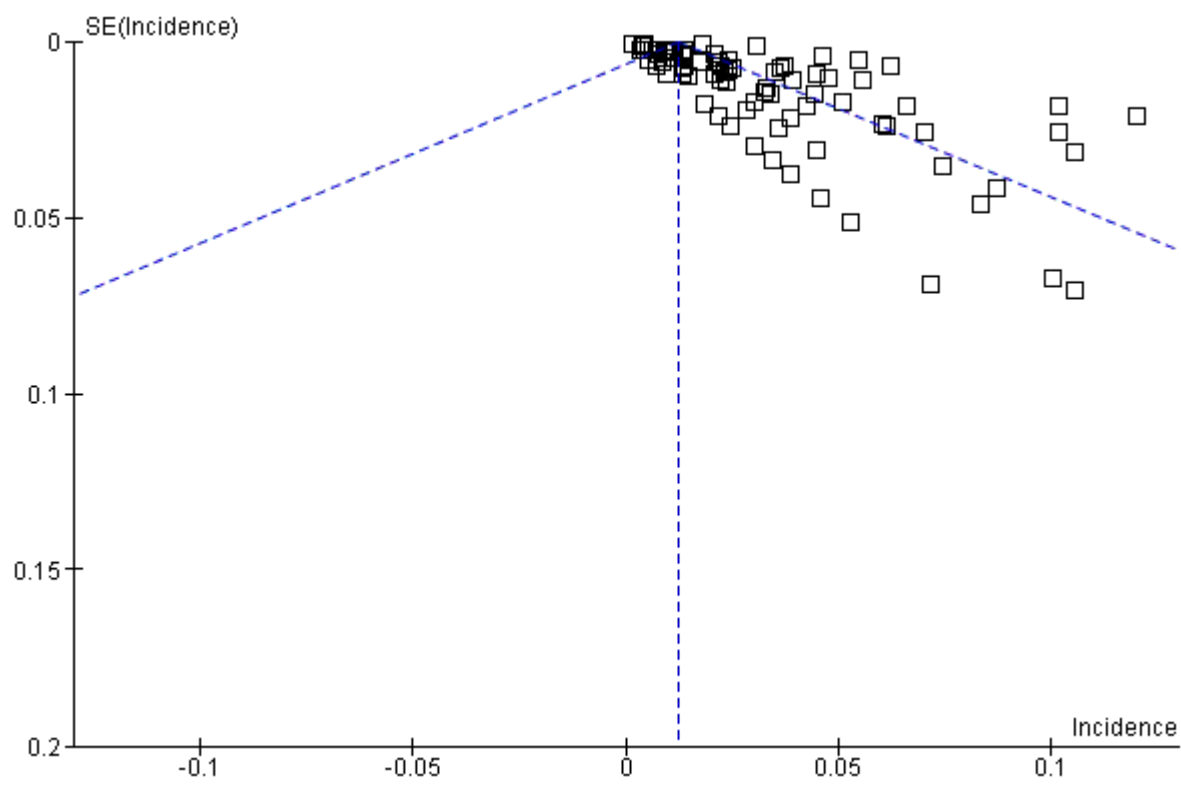
### P.1 Prisma flow chart



### 1.1.1. Forest plot of the incidence of ASBO, including all studies

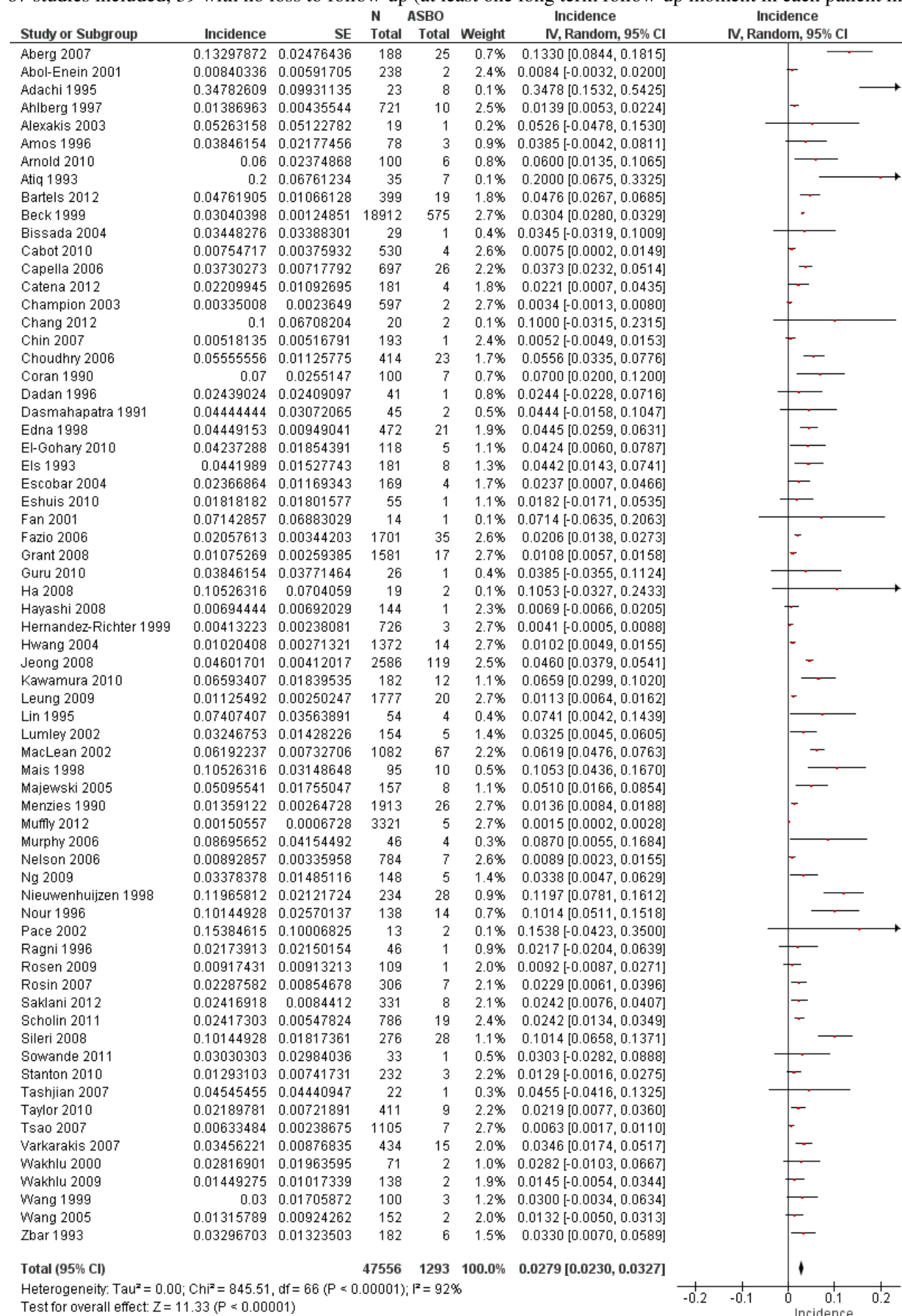


### 1.1.2. Funnel plot of studies included in analysis of ASBO

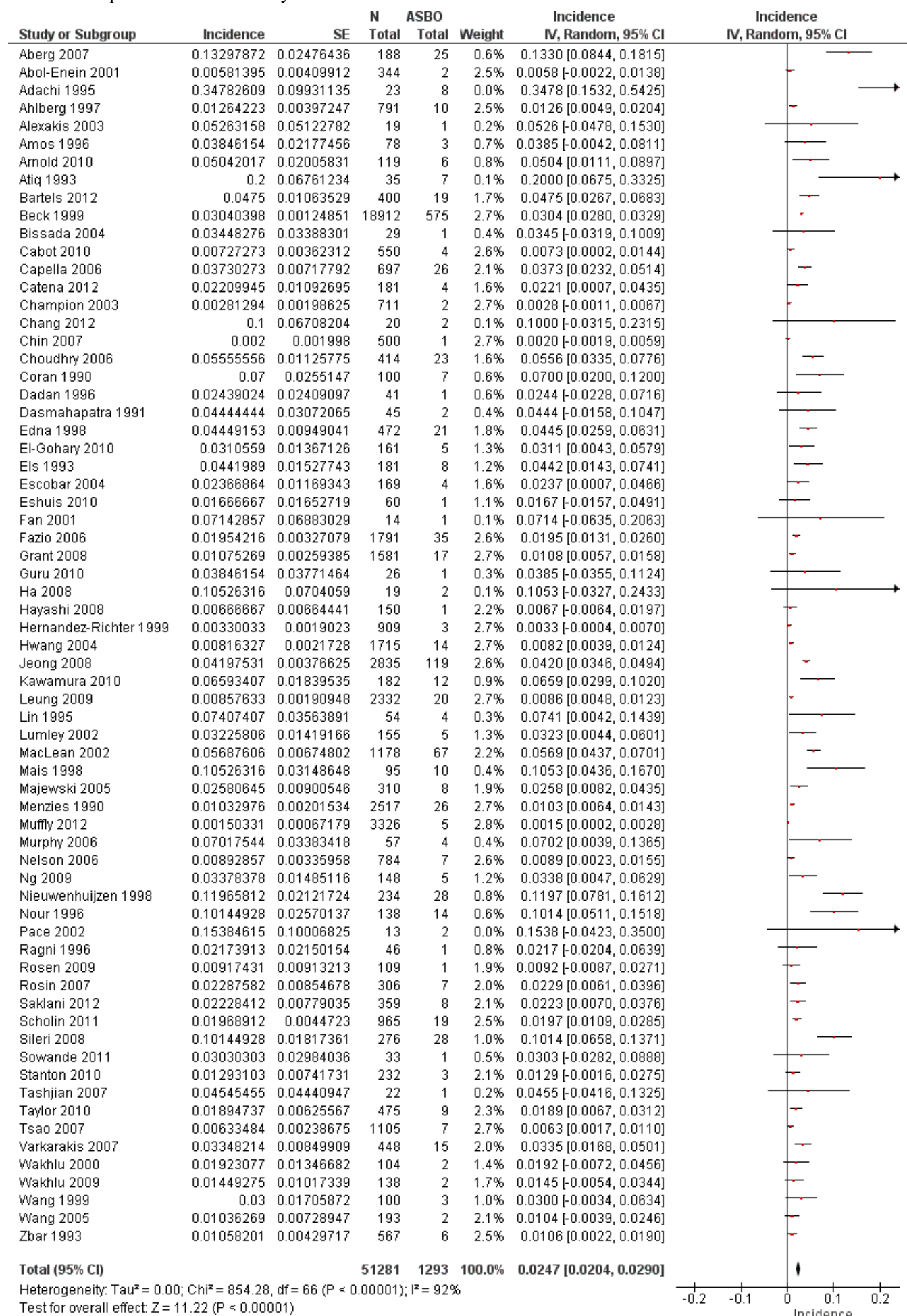


### 1.2.1. Forest plot of analysis for the incidence of ASBO in studies with adequate description of follow-up for best and worst case scenario analysis.

67 studies included, 39 with no loss to follow-up (at least one long term follow-up moment in each patient included).

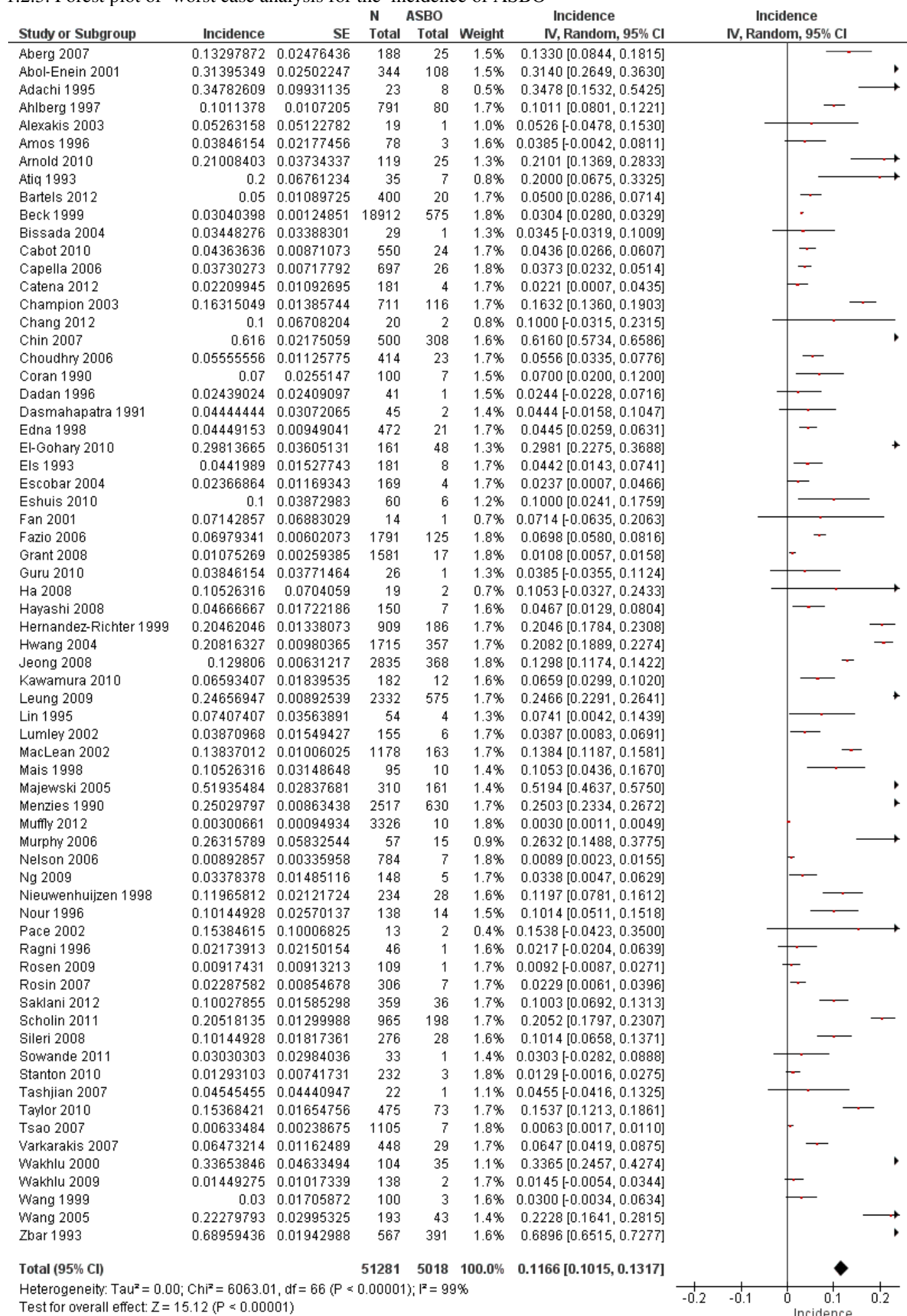


## 1.2.2. Forest plot of best case analysis for the incidence of ASBO

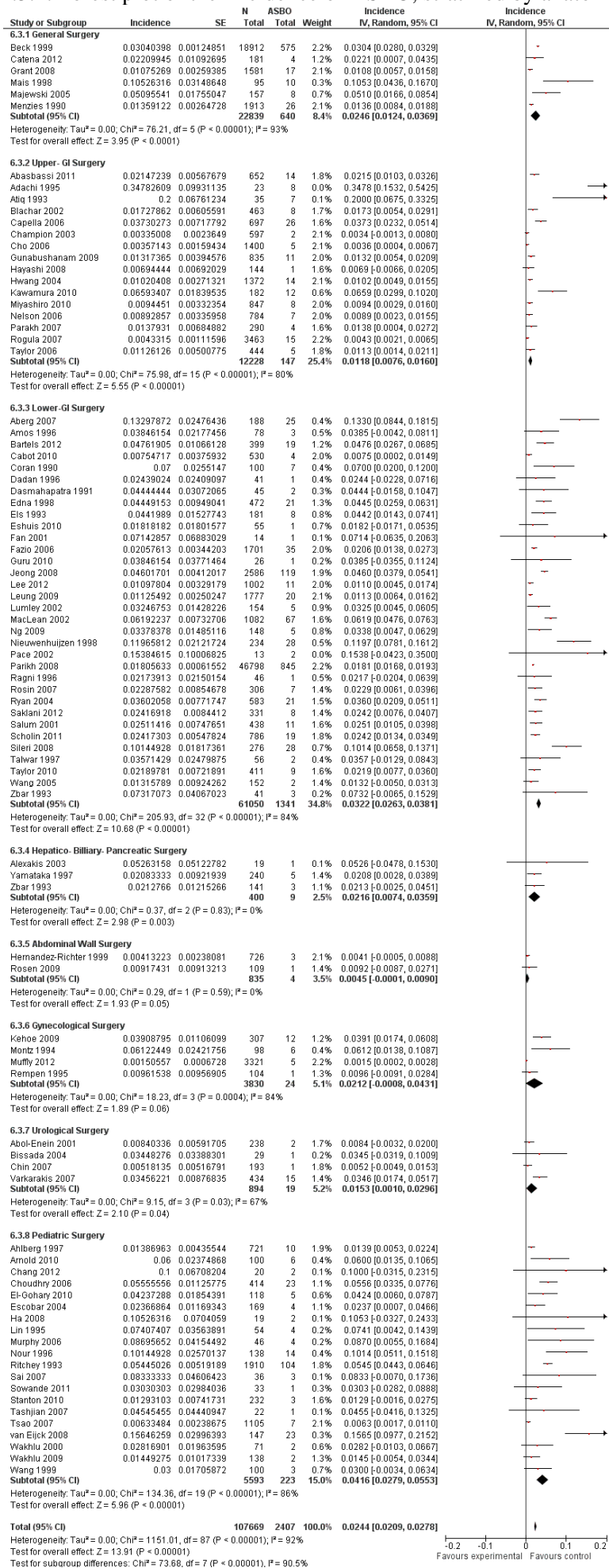




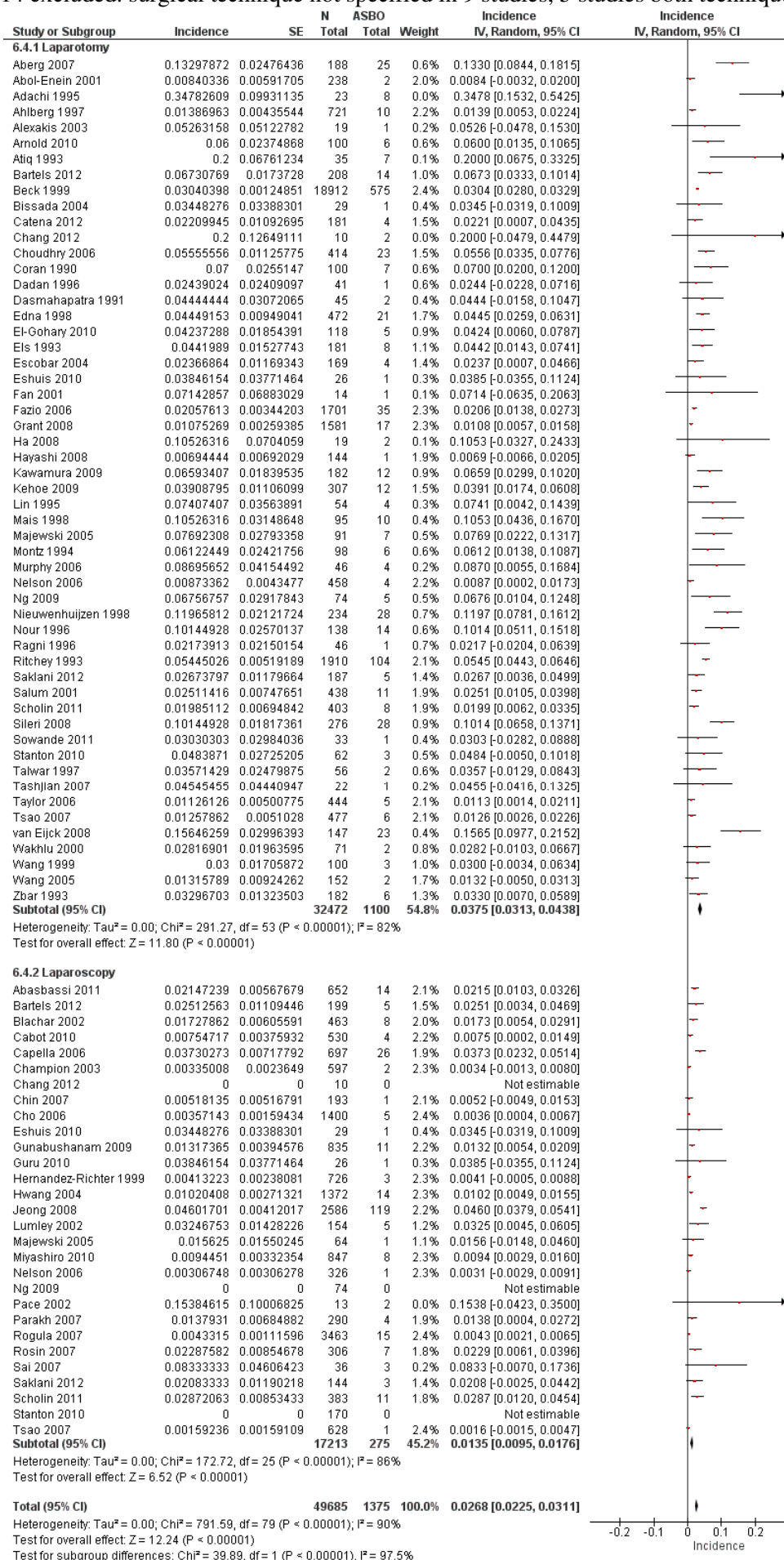
### 1.2.3. Forest plot of worst case analysis for the incidence of ASBO



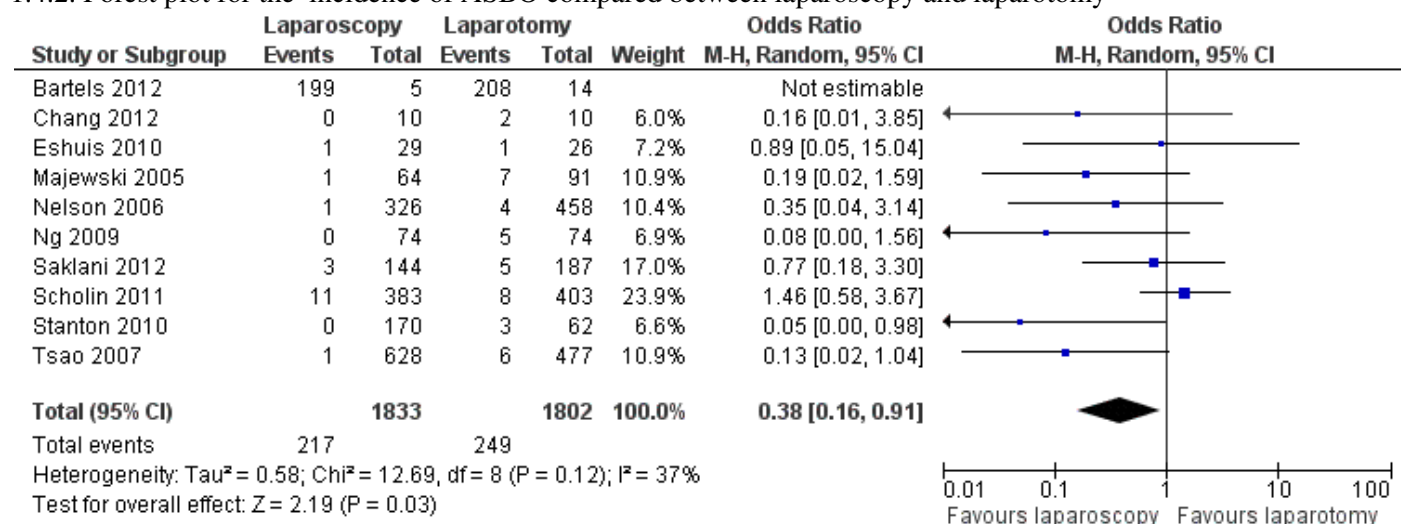
### 1.3.1. Forest plot of the incidence of ASBO, stratified by anatomical location



1.4.1. Forest plot of the incidence of ASBO, stratified by surgical technique  
14 excluded. surgical technique not specified in 9 studies, 5 studies both techniques without data per subgroup.



#### 1.4.2. Forest plot for the incidence of ASBO compared between laparoscopy and laparotomy

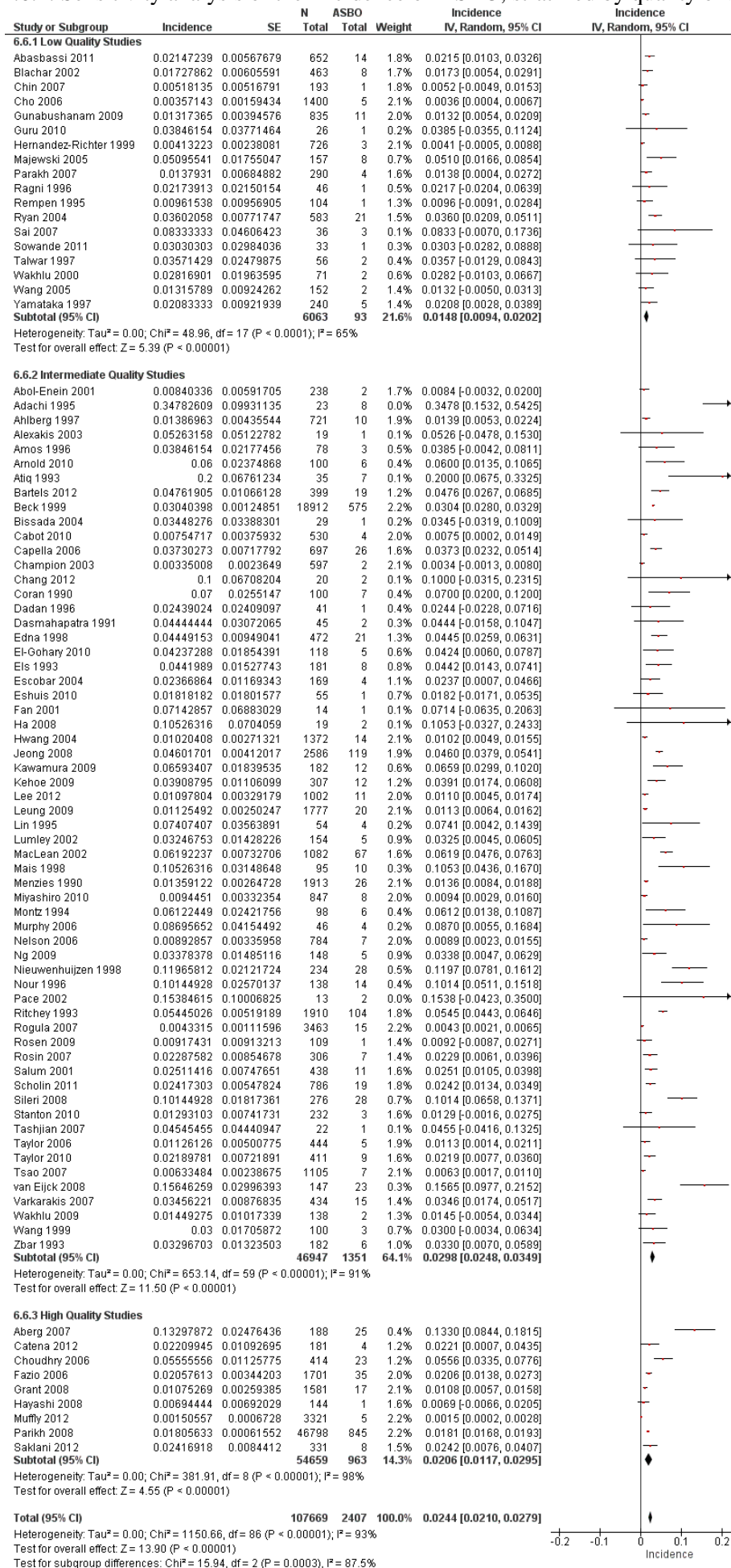


### 1.5.1. Sensitivity analysis of the incidence of ASBO, impact of individual studies

Study	Point estimate	95%CI
All available studies	0.0244	0.0210-0.0279
Abasbassi 2011	0.0245	0.0210-0.0280
Aberg 2007	0.0239	0.0205-0.0273
Abol-Enein 2001	0.0247	0.0212-0.0282
Adachi 1995	0.0243	0.0208-0.0277
Ahlberg 1997	0.0247	0.0212-0.0281
Alexakis 2003	0.0244	0.0209-0.0278
Amos 1996	0.0243	0.0209-0.0278
Arnold 2010	0.0242	0.0208-0.0277
Atiq 1993	0.0243	0.0208-0.0277
Bartels 2012	0.0241	0.0206-0.0276
Beck 1999	0.0237	0.0204-0.0270
Bissada 2004	0.0244	0.0209-0.0278
Blachar 2002	0.0246	0.0211-0.0280
Cabot 2010	0.0248	0.0213-0.0283
Capella 2006	0.0242	0.0207-0.0276
Catena 2012	0.0244	0.0210-0.0279
Champion 2003	0.0249	0.0214-0.0284
Chang 2012	0.0244	0.0209-0.0278
Chin 2007	0.0248	0.0213-0.0283
Cho 2006	0.0250	0.0215-0.0285
Choudhry 2006	0.0240	0.0206-0.0275
Coran 1990	0.0242	0.0208-0.0277
Dadan 1996	0.0244	0.0210-0.0279
Dasmahapatra 1991	0.0244	0.0209-0.0278
Edna 1998	0.0241	0.0207-0.0276
El-Gohary 2010	0.0243	0.0208-0.0277
Els 1993	0.0242	0.0208-0.0277
Escobar 2004	0.0244	0.0210-0.0279
Eshuis 2010	0.0245	0.0210-0.0279
Fan 2001	0.0244	0.0209-0.0278
Fazio 2006	0.0245	0.0210-0.0280
Grant 2008	0.0248	0.0213-0.0283
Gunabushanam 2009	0.0247	0.0212-0.0282
Guru 2010	0.0244	0.0209-0.0278
Ha 2008	0.0244	0.0209-0.0278
Hayashi 2008	0.0247	0.0212-0.0282
Hernandez-Richter 1999	0.0249	0.0214-0.0284
Hwang 2004	0.0248	0.0213-0.0283
Jeong 2008	0.0238	0.0204-0.0272
Kawamura 2009	0.0241	0.0207-0.0276
Kehoe 2009	0.0242	0.0208-0.0277
Lee 2012	0.0248	0.0213-0.0282
Leung 2009	0.0248	0.0213-0.0283
Lin 1995	0.0243	0.0209-0.0277
Lumley 2002	0.0243	0.0209-0.0278
MacLean 2002	0.0237	0.0202-0.0271
Mais 1998	0.0242	0.0207-0.0276
Majewski 2005	0.0242	0.0208-0.0277
Menzies 1990	0.0247	0.0212-0.0282
Miyashiro 2010	0.0248	0.0213-0.0283
Montz 1994	0.0242	0.0208-0.0277
Muffly 2012	0.0246	0.0213-0.0280
Murphy 2006	0.0243	0.0209-0.0277
Nelson 2006	0.0248	0.0213-0.0283
Ng 2009	0.0243	0.0209-0.0278
Nieuwenhuijzen 1998	0.0238	0.0204-0.0273
Nour 1996	0.0241	0.0206-0.0275
Pace 2002	0.0244	0.0209-0.0278
Parakh 2007	0.0246	0.0211-0.0281
Parikh 2008	0.0254	0.0216-0.0291
Ragni 1996	0.0244	0.0210-0.0279

Rempen 1995	0.0246	0.0212-0.0281
Ritchey 1993	0.0236	0.0202-0.0270
Rogula 2007	0.0251	0.0216-0.0287
Rosen 2009	0.0246	0.0212-0.0281
Rosin 2007	0.0244	0.0210-0.0279
Ryan 2004	0.0242	0.0208-0.0277
Sai 2007	0.0243	0.0209-0.0278
Saklani 2012	0.0244	0.0210-0.0279
Salum 2001	0.0244	0.0209-0.0279
Scholin 2011	0.0244	0.0210-0.0279
Sileri 2008	0.0238	0.0204-0.0273
Sowande 2011	0.0244	0.0210-0.0278
Stanton 2010	0.0246	0.0211-0.0281
Talwar 1997	0.0244	0.0209-0.0278
Tashjian 2007	0.0244	0.0209-0.0278
Taylor 2006	0.0247	0.0212-0.0282
Taylor 2010	0.0245	0.0210-0.0279
Tsao 2007	0.0249	0.0214-0.0284
van Eijck 2008	0.0239	0.0205-0.0274
Varkarakis 2007	0.0243	0.0208-0.0277
Wakhlu 2000	0.0244	0.0209-0.0278
Wakhlu 2009	0.0246	0.0211-0.0280
Wang 1999	0.0244	0.0209-0.0278
Wang 2005	0.0246	0.0211-0.0281
Yamataka 1997	0.0245	0.0210-0.0279
Zbar 1993	0.0243	0.0209-0.0278

## 1.6.1. Sensitivity analysis of the incidence of ASBO, stratified by quality of study

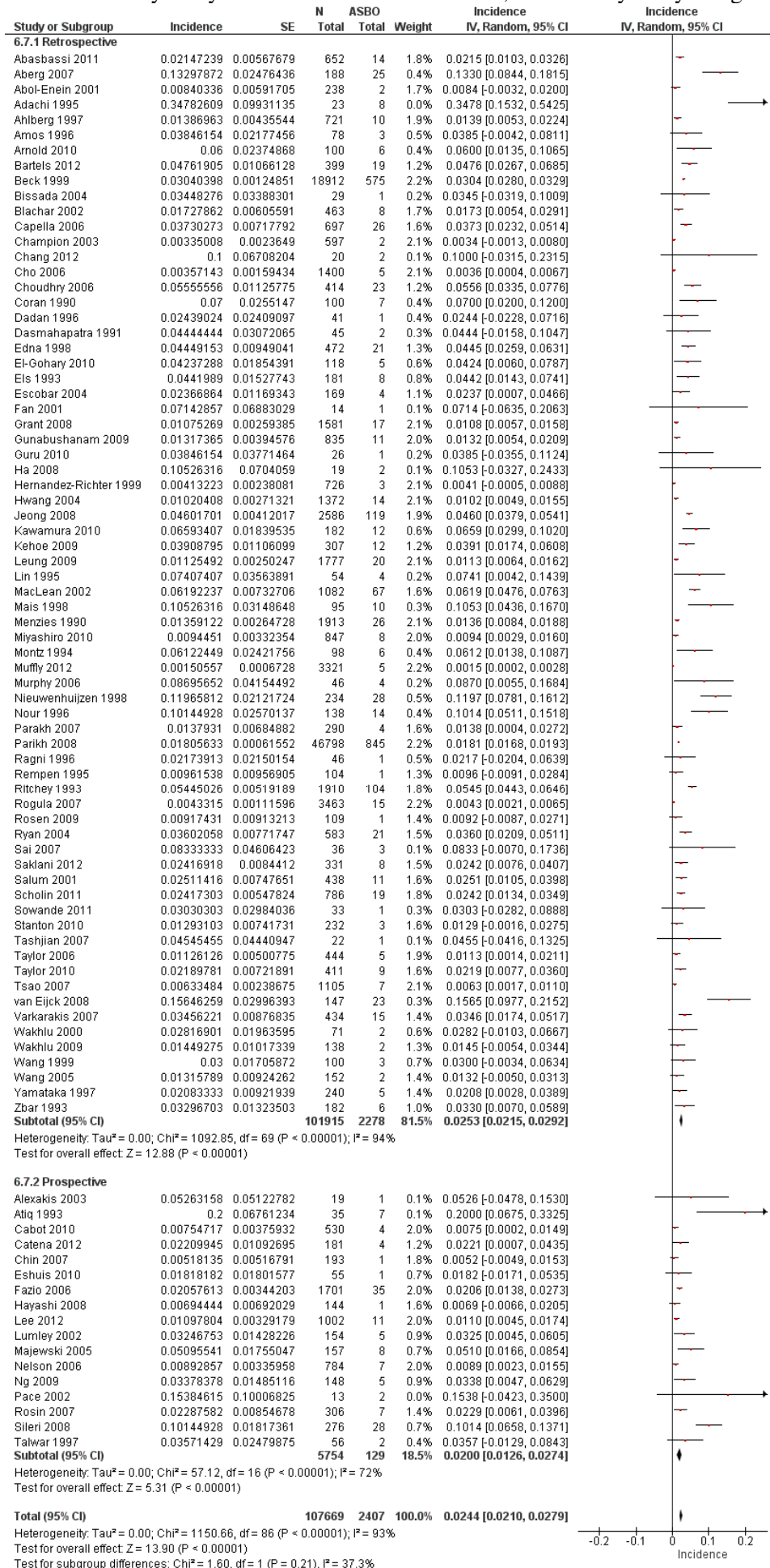


### 1.6.2. Table of sensitivity analysis of the incidence of ASBO, impact of quality of studies

Study	Point estimate	95%CI
All available studies	0.0244	0.0210-0.0279
Low Quality studies only	0.0148	0.0094-0.0202
Intermediate Quality studies only	0.0298	0.0248-0.0349
High studies only	0.0206	0.0210-0.0279



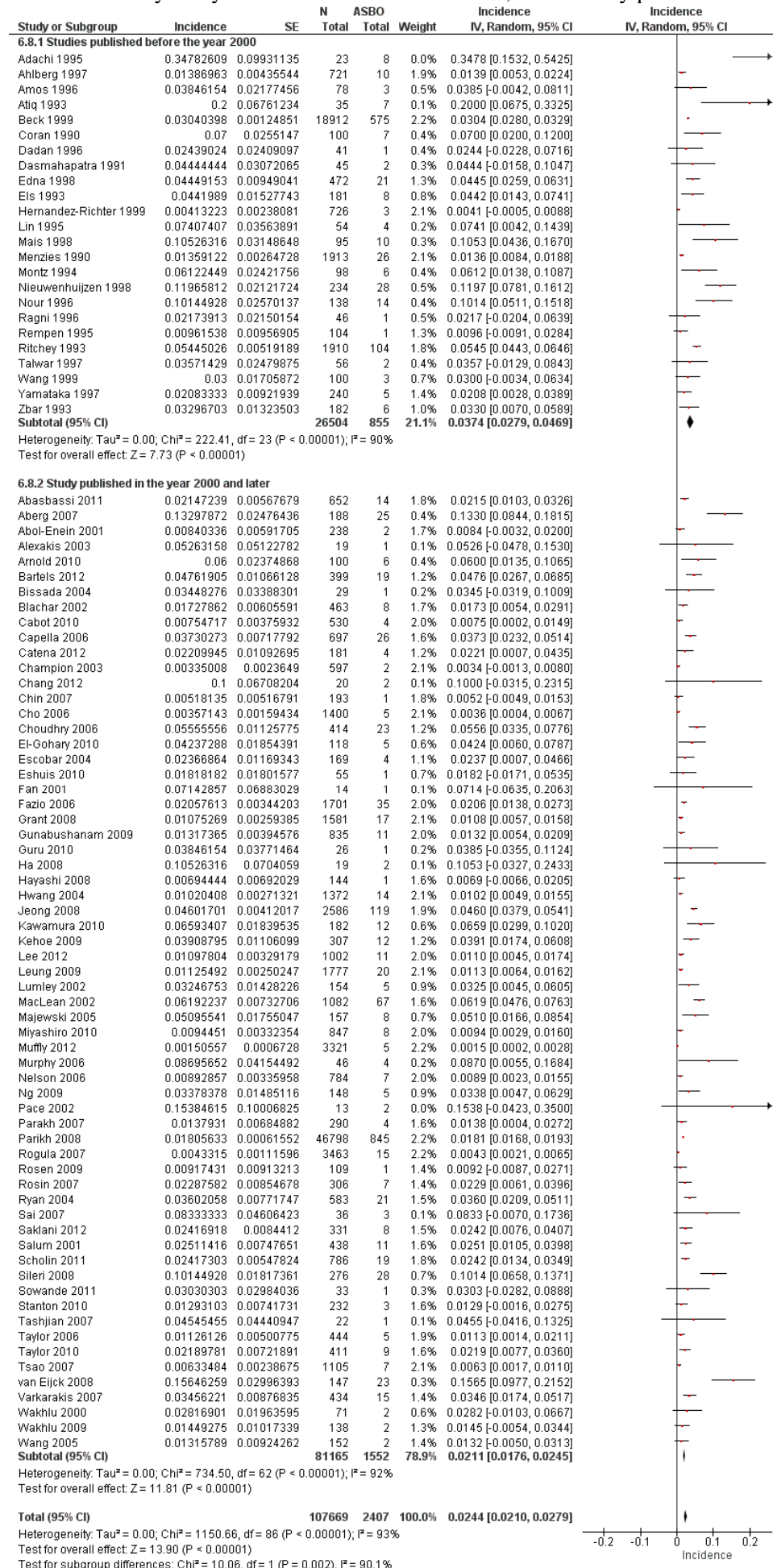
## 1.7.1. Sensitivity analysis of the incidence of ASBO, stratified by study design



### 1.7.2. Table of sensitivity analysis of the incidence of ASBO, impact of study design

Study	Point estimate	95%CI
All available studies	0.0244	0.0210-0.0279
Retrospective studies only	0.0253	0.0215-0.0292
Prospective studies only	0.0200	0.0126-0.0274

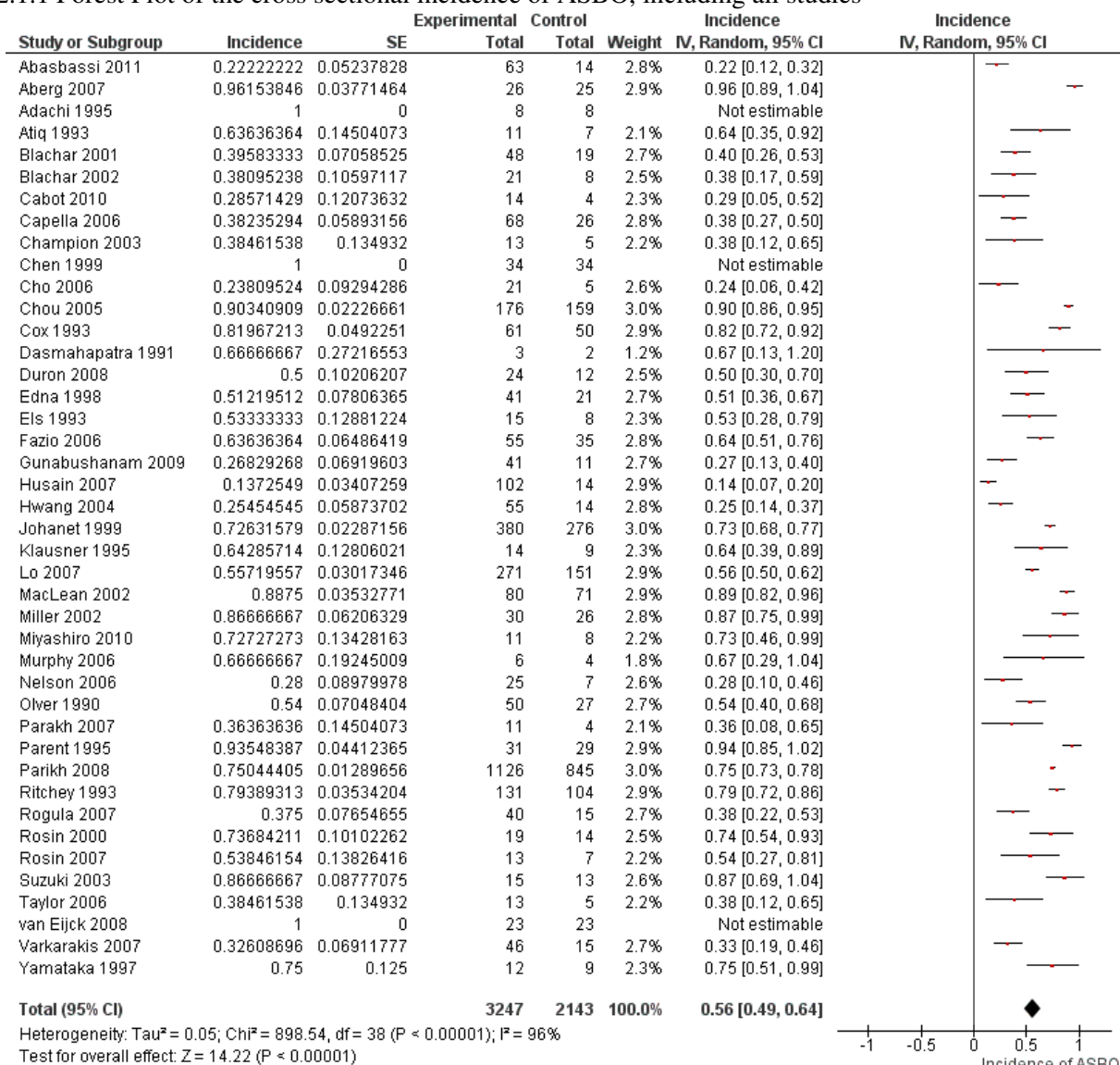
# 1.8.1. Sensitivity analysis of the incidence of ASBO, stratified by publication date



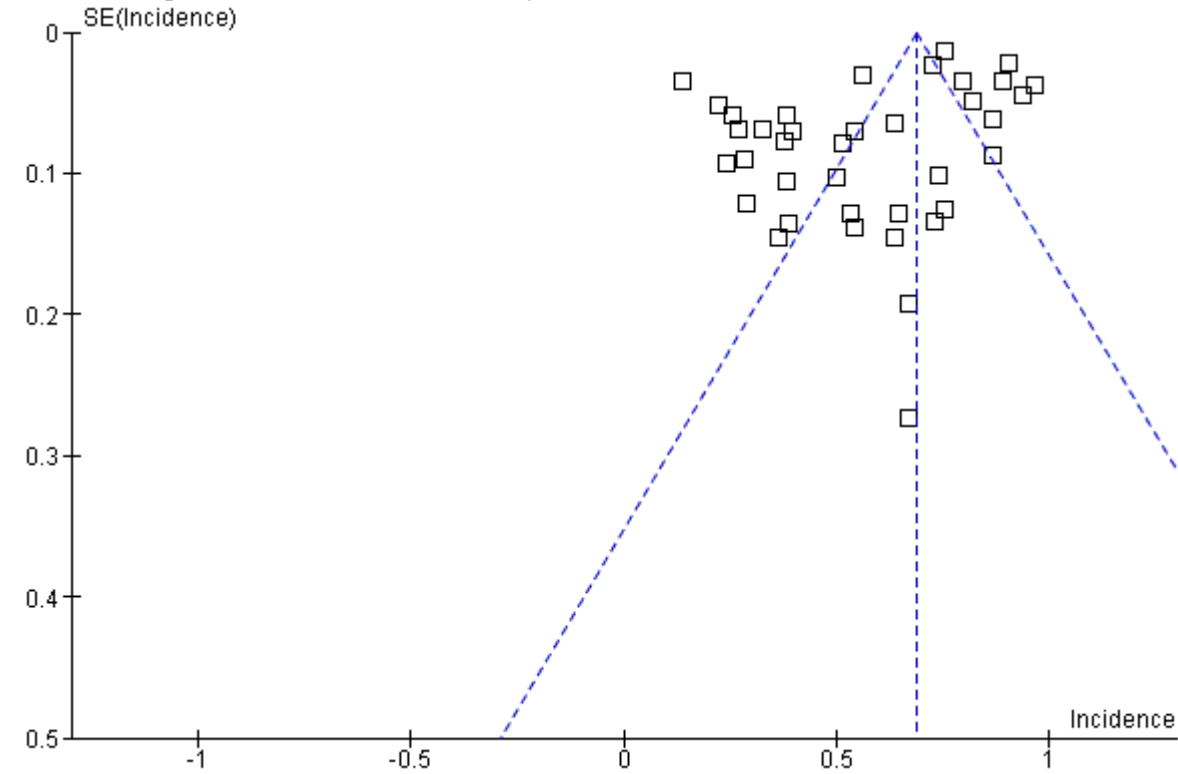
#### 1.8.2. Table of sensitivity analysis of the incidence of ASBO, impact of publication date

Study	Point estimate	95%CI
All available studies	0.0244	0.0210-0.0279
Studies published before the year 2000 only	0.0374	0.0279-0.0469
Studies published in the year 2000 and later only	0.0211	0.0210-0.0279

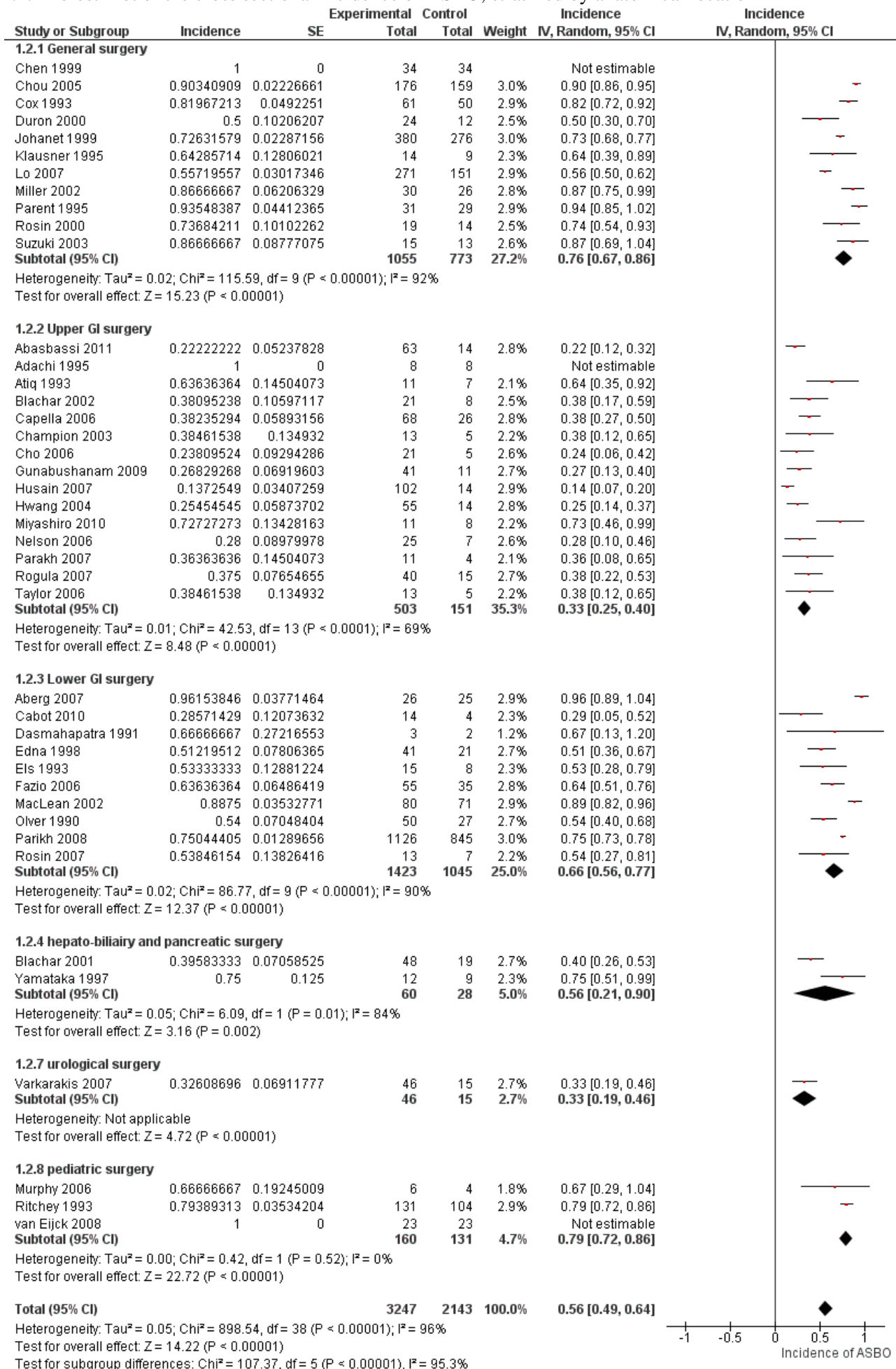
## 2.1.1 Forest Plot of the cross sectional incidence of ASBO, including all studies



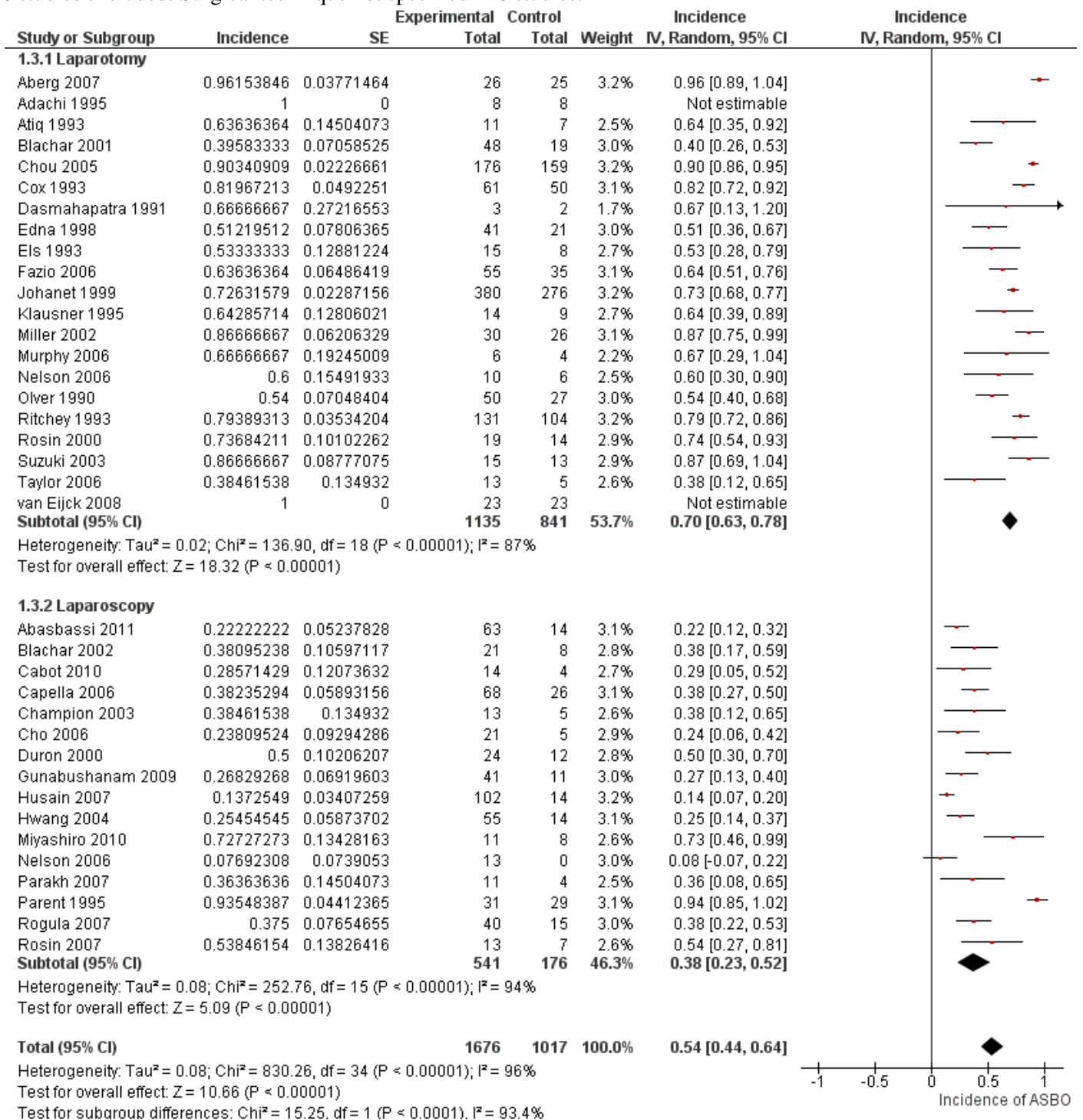
2.1.2. Funnel plot of studies included in analysis of ASBO



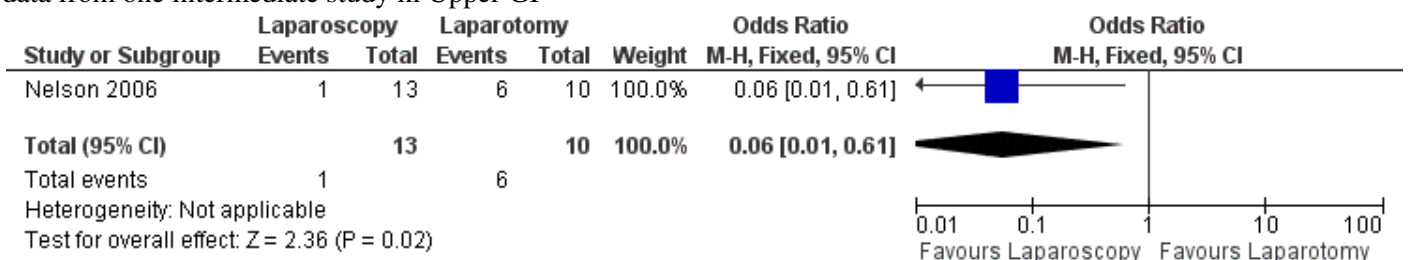
## 2.2.1 Forest Plot of the cross sectional incidence of ASBO, stratified by anatomical location



2.3.1. Forest plot of the cross sectional incidence of ASBO, stratified by surgical technique  
6 studies excluded. Surgical technique not specified in 6 studies.



2.3.2. Forest Plot of the cross sectional incidence of ASBO compared between laparoscopy and laparotomy  
data from one intermediate study in Upper GI

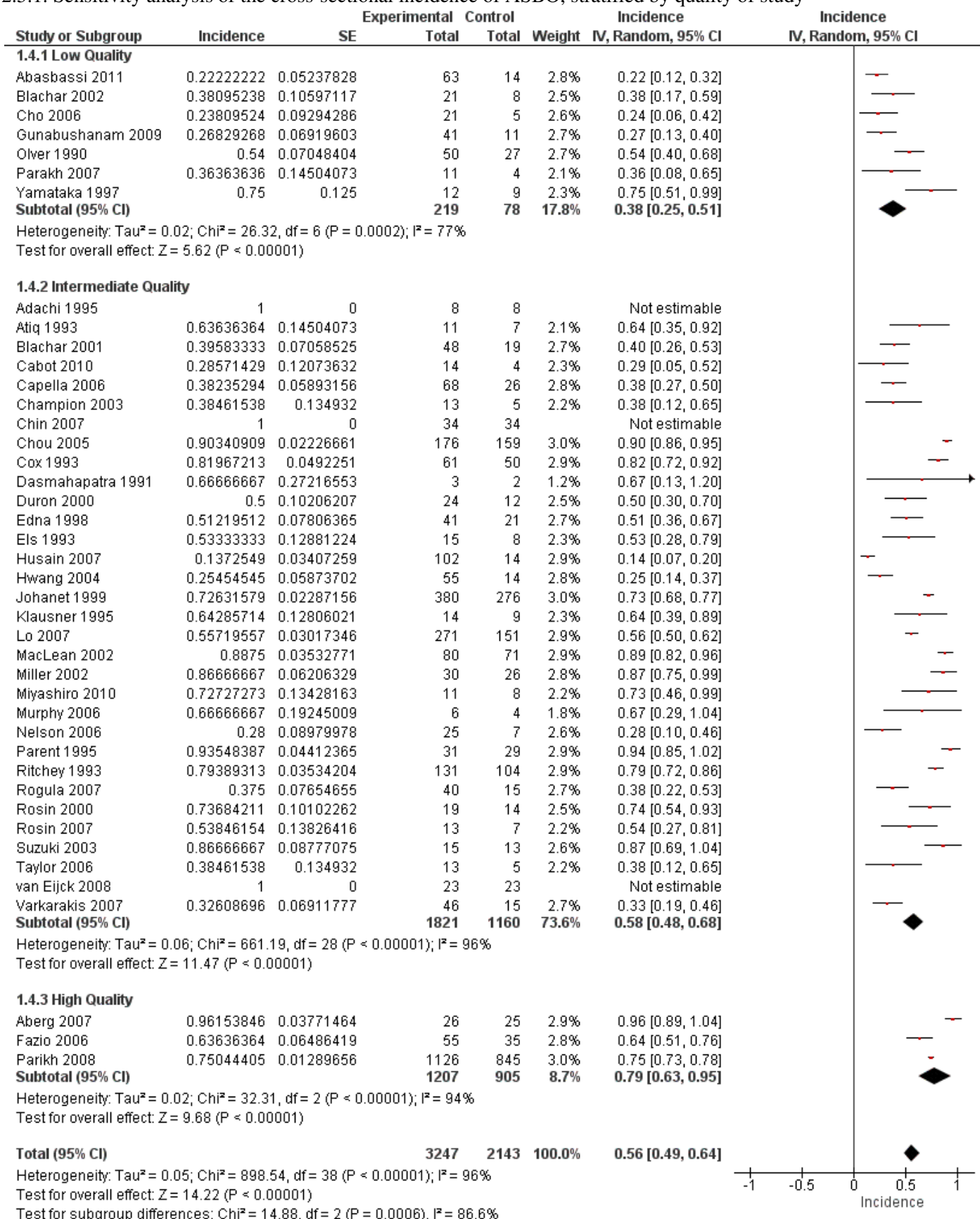




#### 2.4.1. Sensitivity analysis of the cross-sectional incidence of ASBO, impact of individual studies

Study	Point estimate	95% CI
All studies included	0.56	0.49-0.64
Abasbassi 2011	0.57	0.50-0.65
Aberg 2007	0.55	0.47-0.63
Adachi 1995	0.56	0.49-0.64
Atiq 1993	0.56	0.48-0.64
Blachar 2001	0.57	0.49-0.65
Blachar 2002	0.57	0.49-0.65
Cabot 2010	0.57	0.49-0.65
Capella 2006	0.57	0.49-0.65
Champion 2003	0.57	0.49-0.65
Chen 1999	0.56	0.49-0.64
Cho 2006	0.57	0.49-0.65
Chou 2005	0.55	0.47-0.63
Cox 1993	0.56	0.48-0.63
Dasmahapatra 1991	0.56	0.48-0.64
Duron 2008	0.56	0.49-0.64
Edna 1998	0.56	0.49-0.64
Els 1993	0.56	0.48-0.64
Fazio 2006	0.56	0.48-0.64
Gunabushanam 2009	0.57	0.49-0.65
Husain 2007	0.58	0.51-0.65
Hwang 2004	0.57	0.49-0.65
Johanet 1999	0.56	0.47-0.64
Klausner 1995	0.56	0.48-0.64
Lo 2007	0.56	0.48-0.64
MacLean 2002	0.55	0.47-0.63
Miller 2002	0.55	0.48-0.63
Miyashiro 2010	0.56	0.48-0.64
Murphy 2006	0.56	0.48-0.64
Nelson 2006	0.57	0.49-0.65
Olver 1990	0.56	0.48-0.64
Parakh 2007	0.57	0.49-0.65
Parent 1995	0.55	0.47-0.63
Parikh 2008	0.56	0.47-0.65
Ritchey 1993	0.56	0.48-0.64
Rogula 2007	0.57	0.49-0.65
Rosin 2000	0.56	0.48-0.64
Rosin 2007	0.56	0.48-0.64
Suzuki 2003	0.55	0.48-0.63
Taylor 2006	0.57	0.49-0.65
van Eijck 2008	0.56	0.49-0.64
Varkarakis 2007	0.57	0.49-0.65
Yamataka 1997	0.56	0.48-0.64

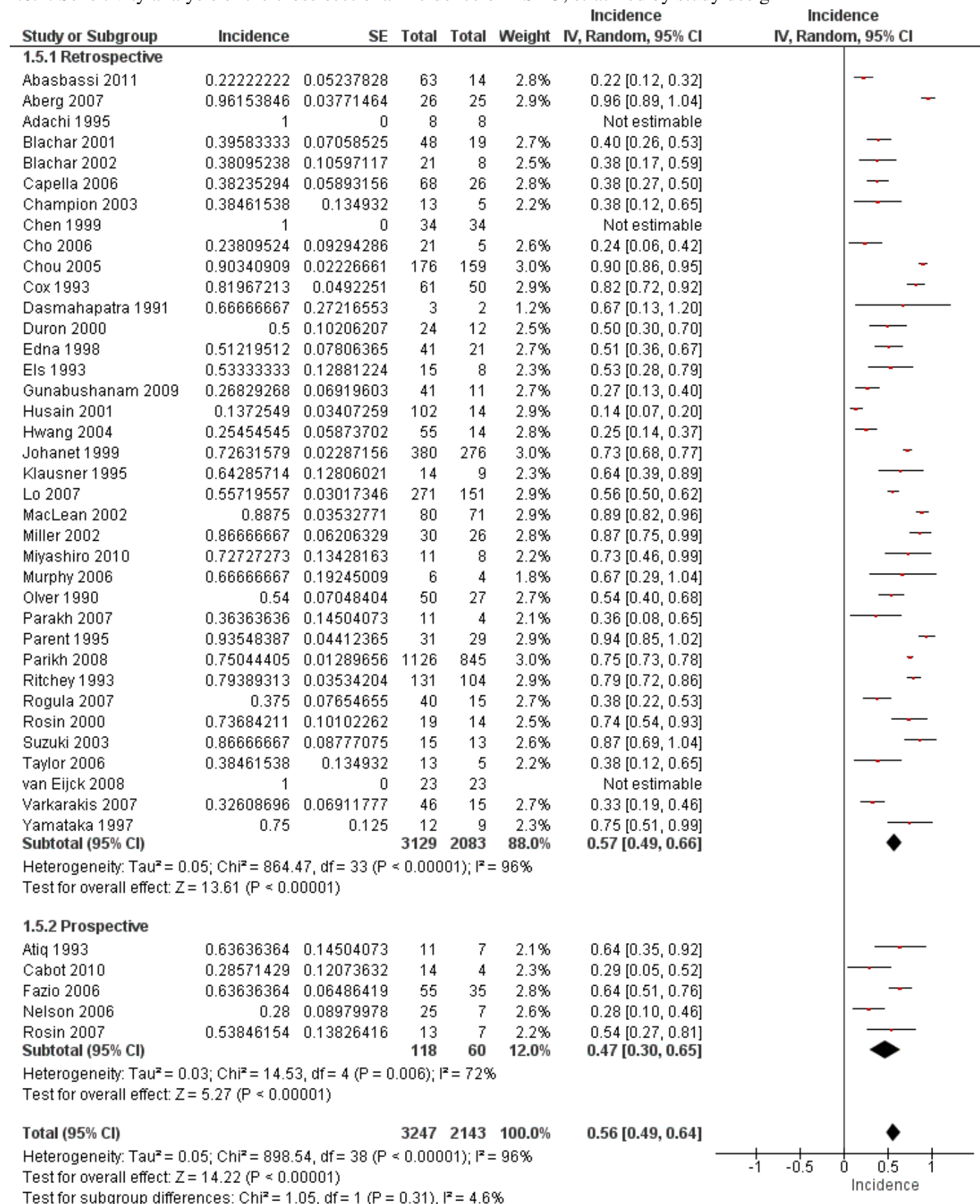
## 2.5.1. Sensitivity analysis of the cross-sectional incidence of ASBO, stratified by quality of study



2.5.2. Table of Sensitivity analysis of the cross-sectional incidence of ASBO, impact of quality of studies

Study	Point estimate	95% CI
All studies included	0.56	0.49-0.64
Low Quality studies only	0.38	0.25-0.51
Intermediate Quality studies only	0.58	0.48-0.68
High Quality studies only	0.79	0.63-0.95

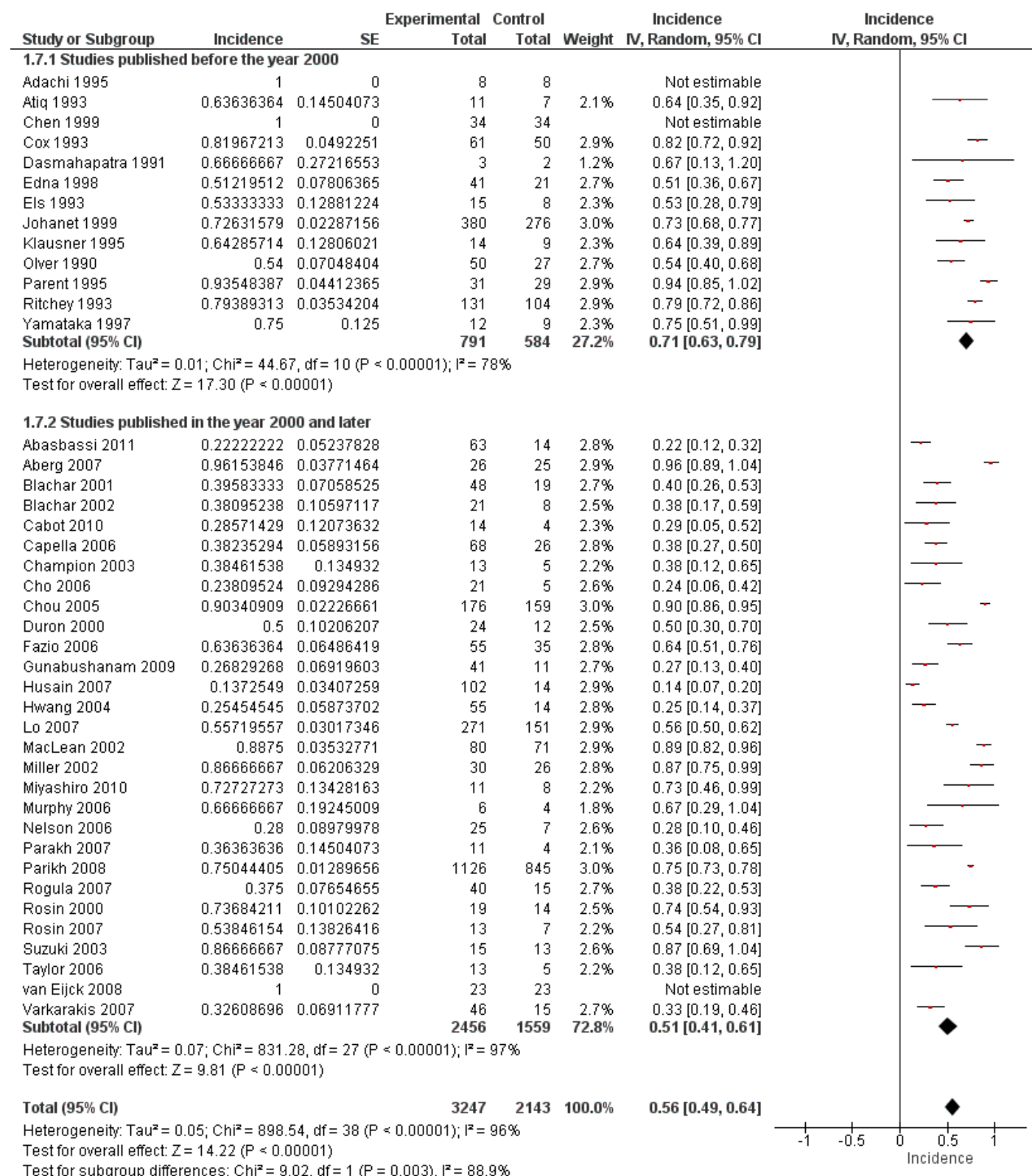
## 2.6.1. Sensitivity analysis of the cross-sectional incidence of ASBO, stratified by study design



## 2.6.2. Table of Sensitivity analysis of the cross-sectional incidence of ASBO, impact of study design

Study	Point estimate	95% CI
All studies included	0.56	0.49-0.64
Retrospective studies only	0.57	0.49-0.66
Prospective studies only	0.47	0.30-0.65

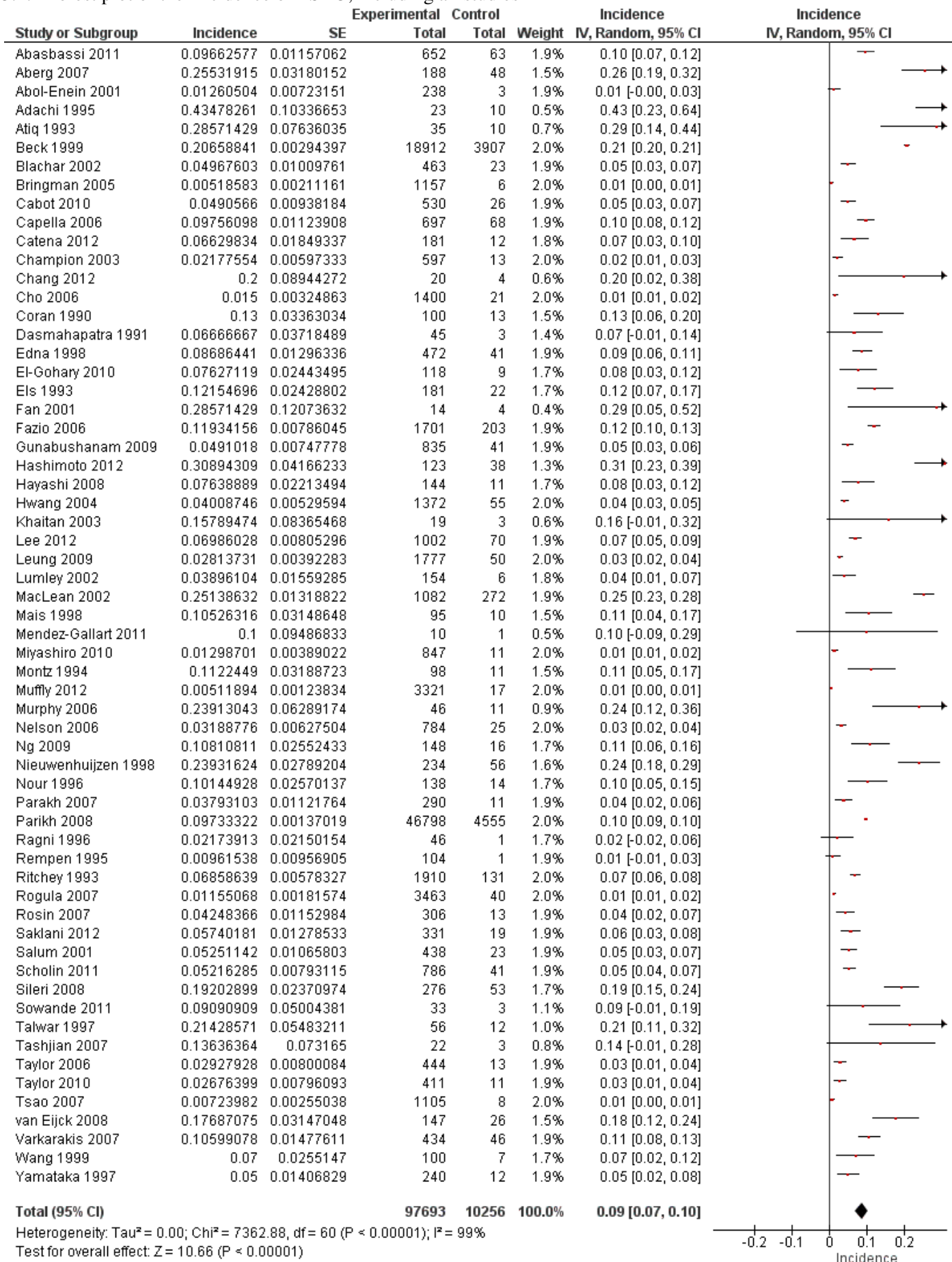
## 2.7.1. Sensitivity analysis of the cross-sectional incidence of ASBO, stratified by publication date



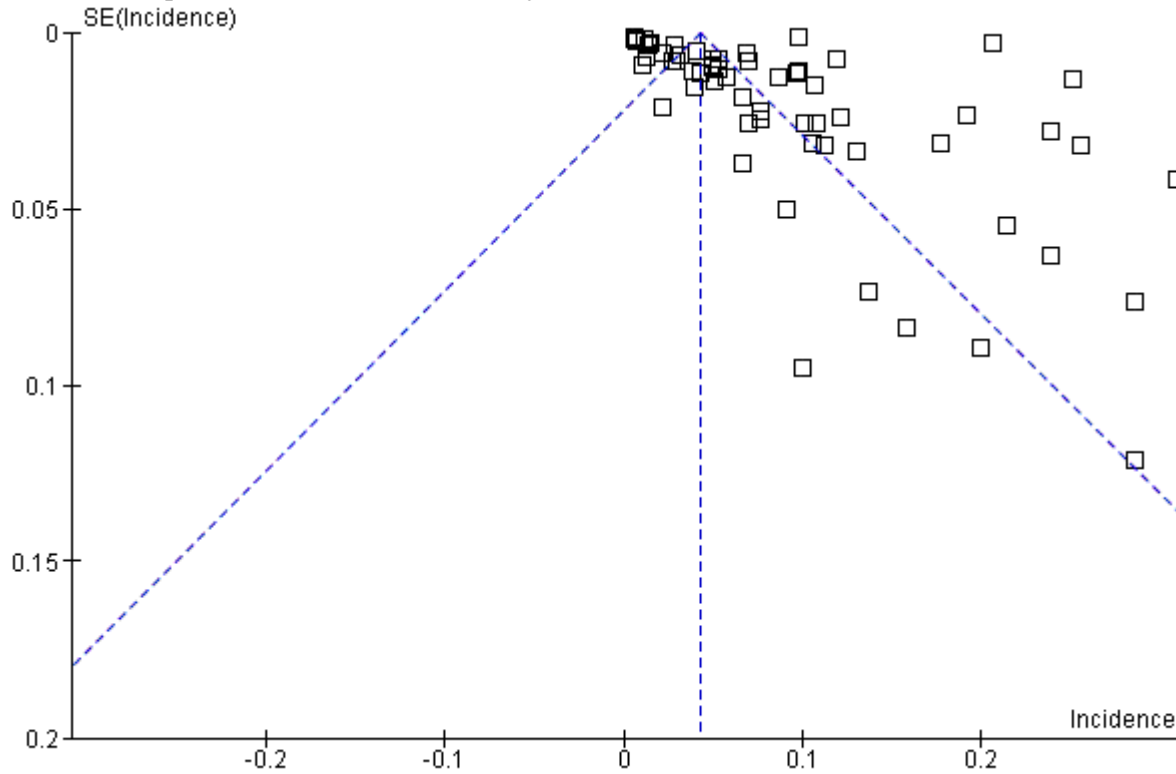
## 2.7.2. Table of sensitivity analysis of the cross-sectional incidence of ASBO, impact of publication date

Study	Point estimate	95% CI
All studies included	0.56	0.49-0.64
Studies published before 2000	0.71	0.63-0.79
Studies published from the year 2000 and later	0.51	0.41-0.61

### 3.1.1 Forest plot of the incidence of PSBO, including all studies

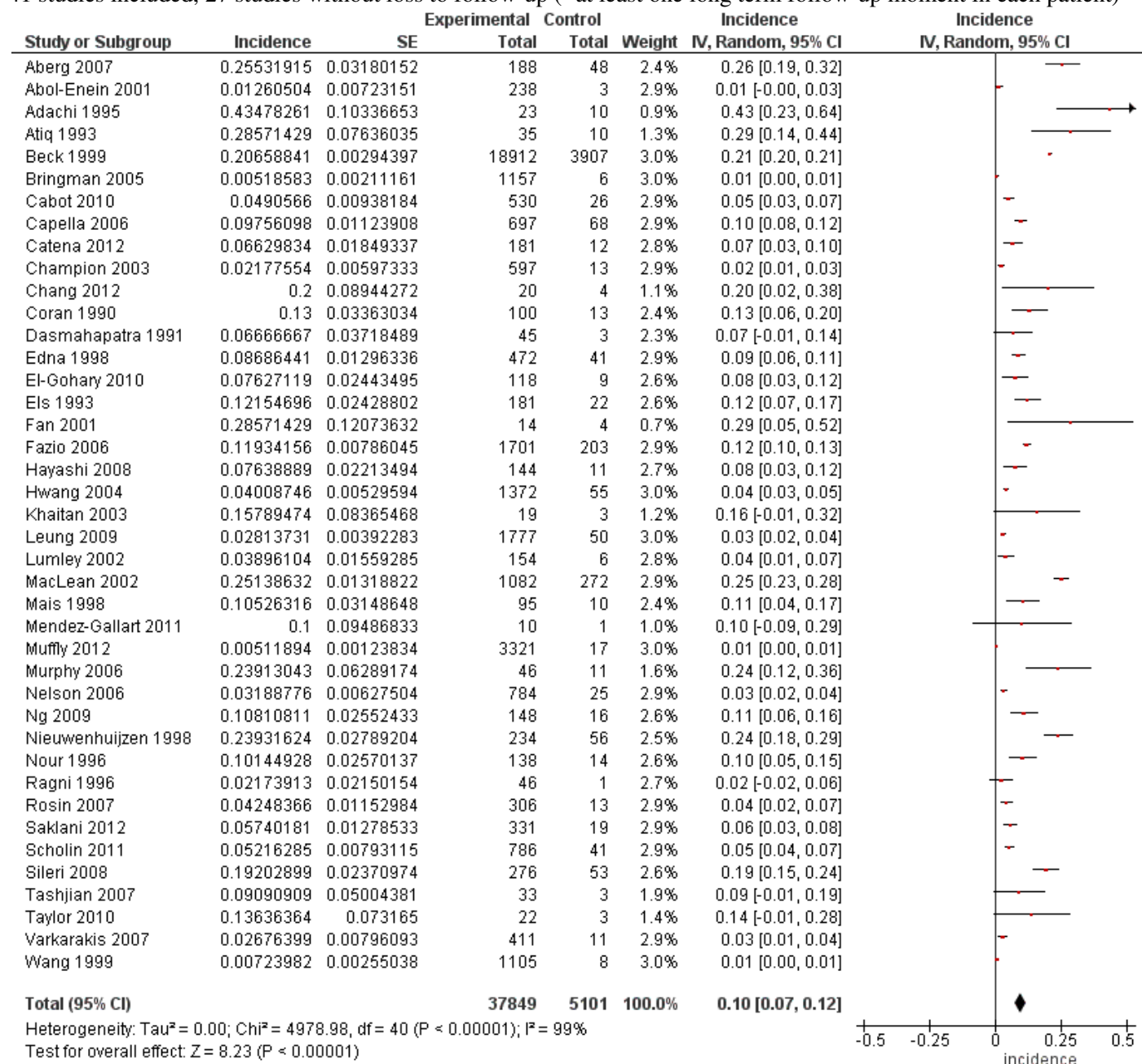


3.1.2. Funnel plot of studies included in analysis of PSBO



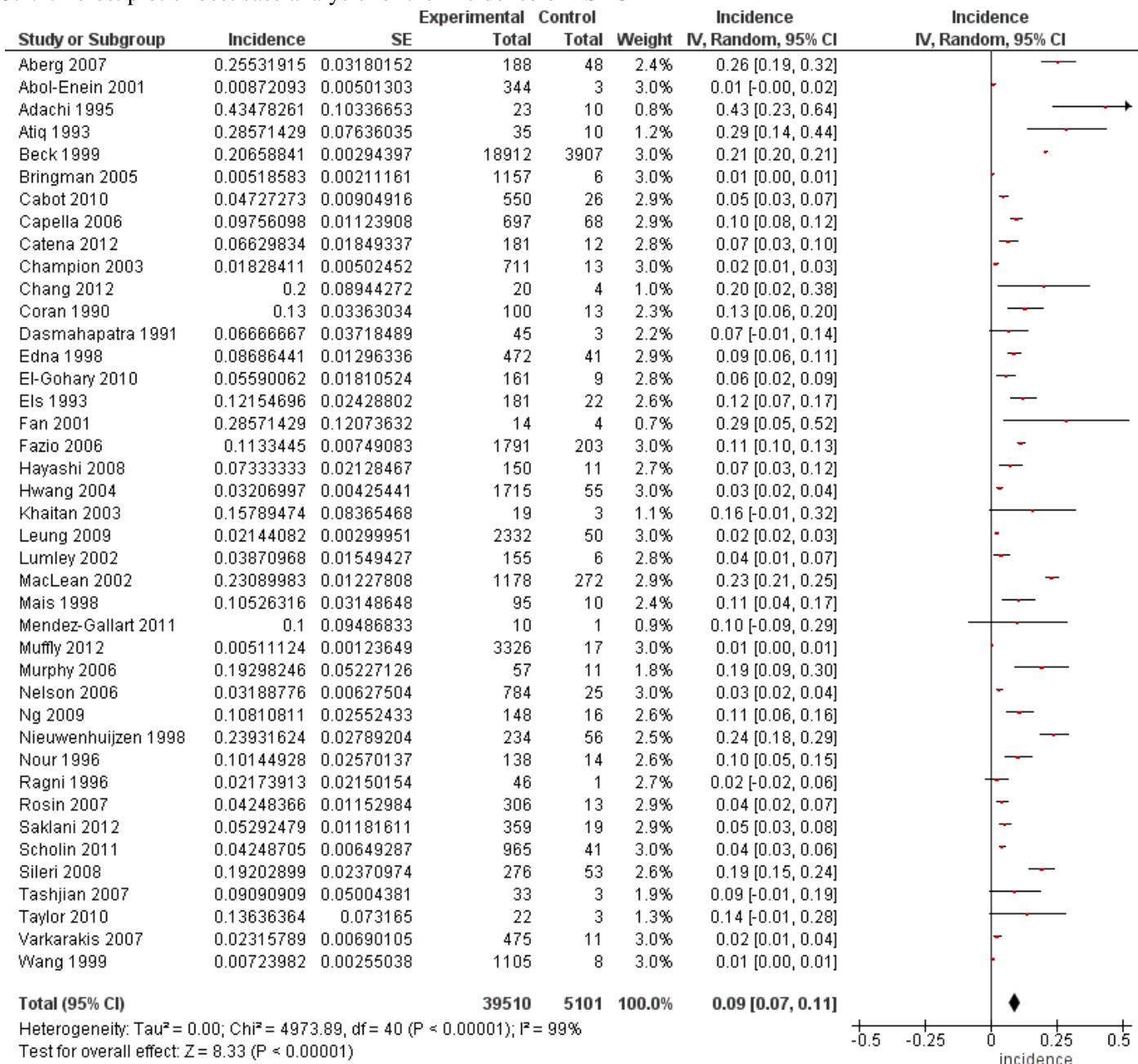
### 3.2.1. Forest plot of analysis for the incidence of PSBO in studies with adequate description of follow-up for best and worst case scenario analysis.

41 studies included, 27 studies without loss to follow-up (=at least one long term follow-up moment in each patient)

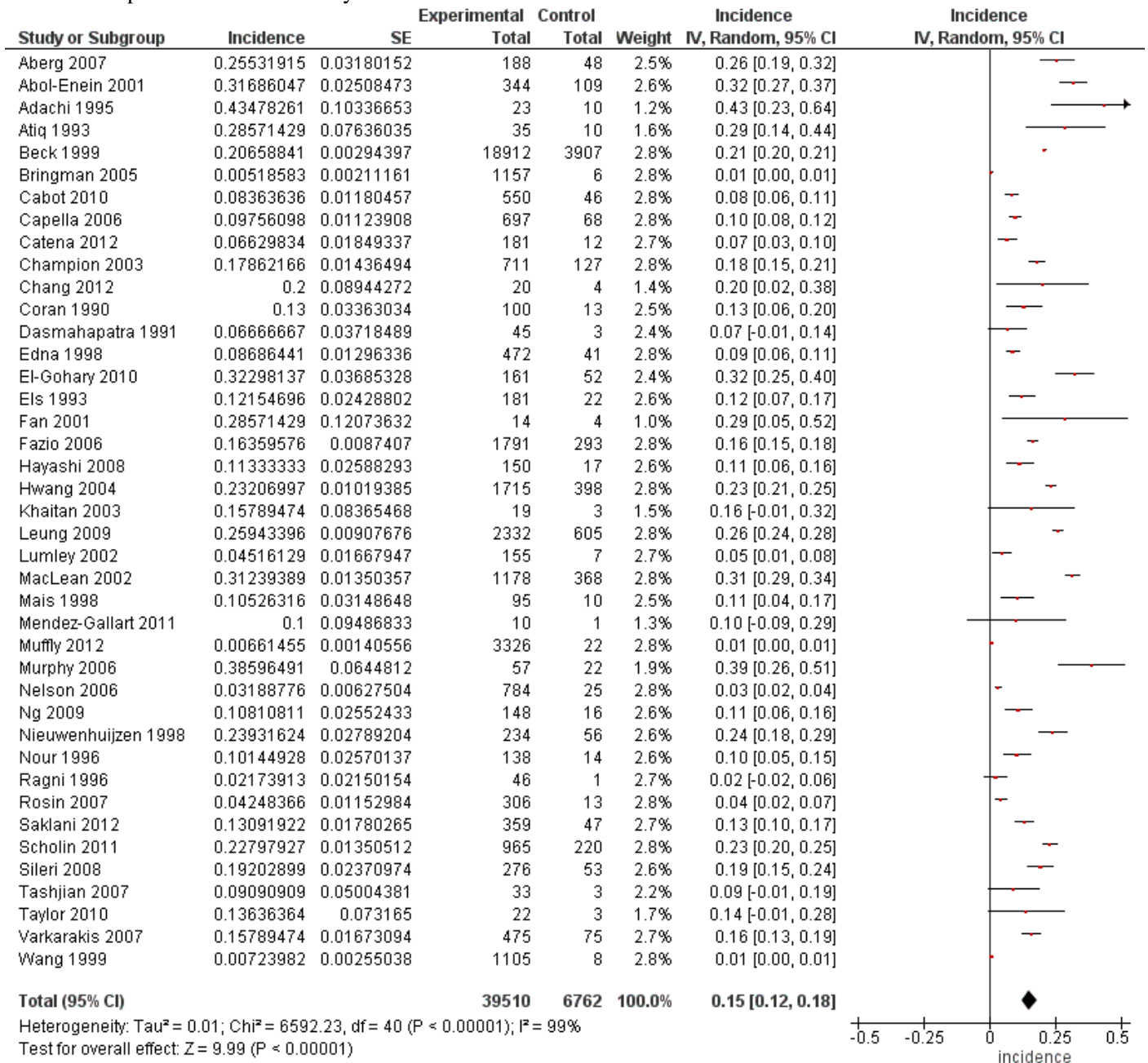




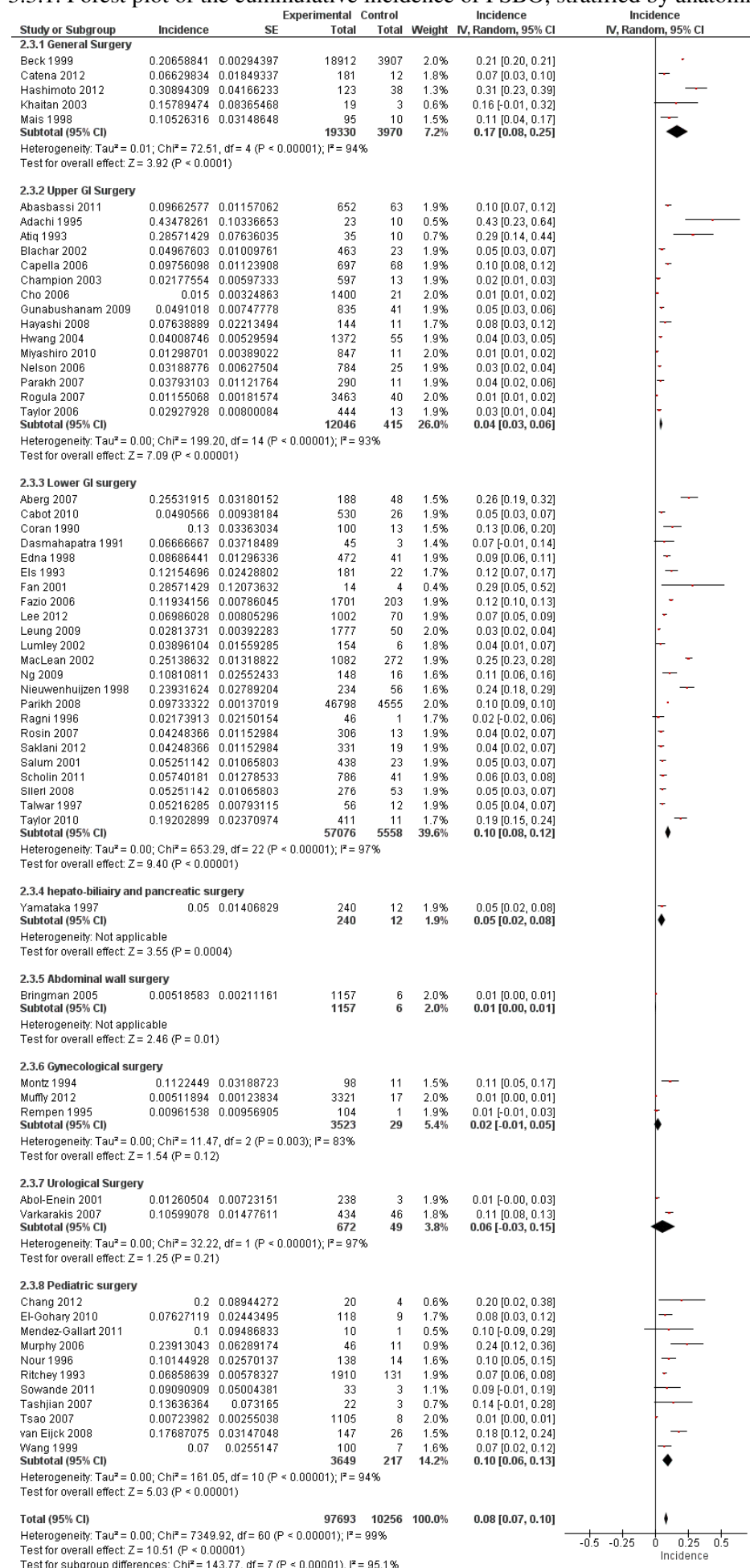
### 3.2.2. Forest plot of best case analysis for the incidence of PSBO



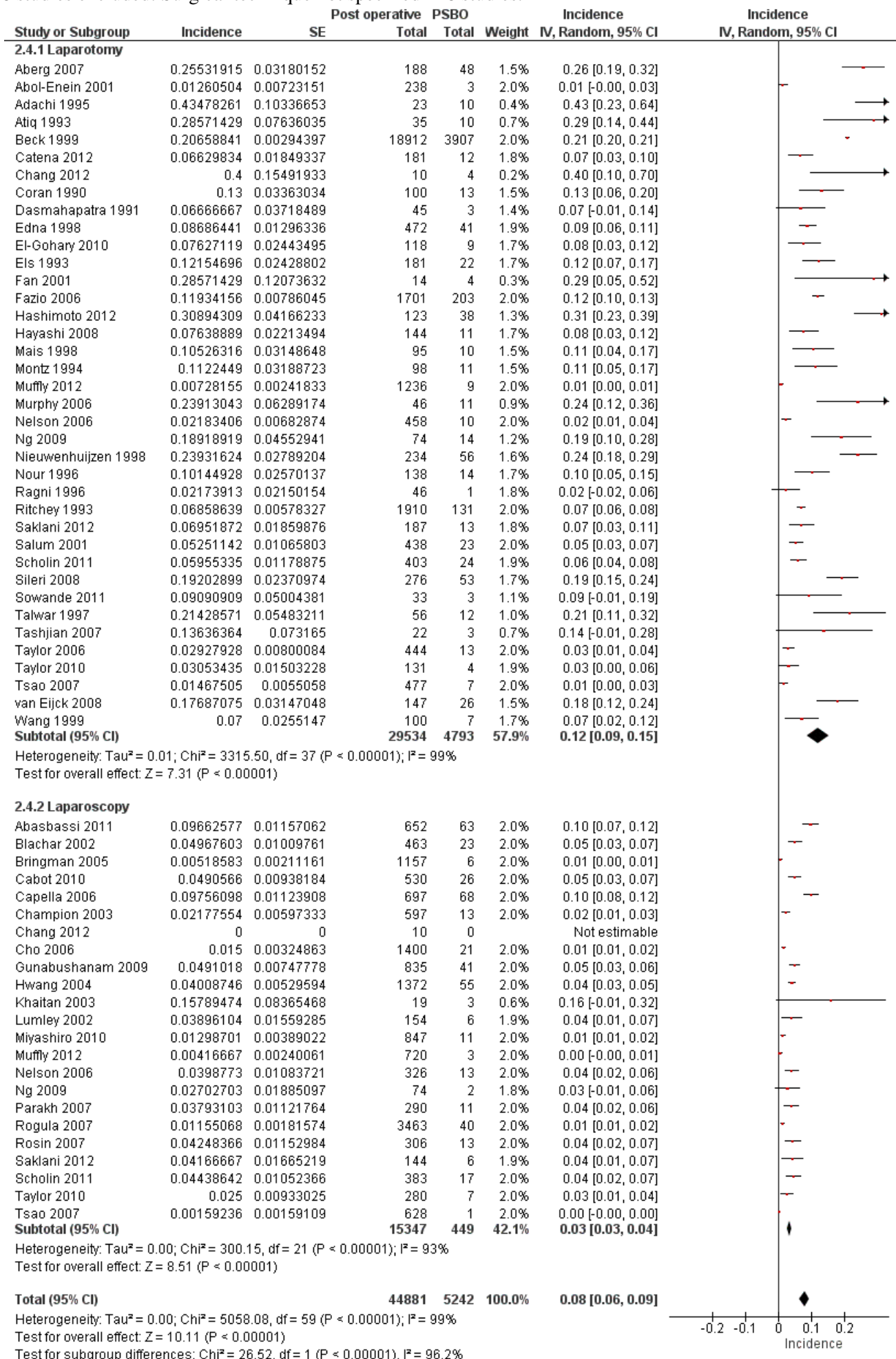
### 3.2.3. Forest plot of worst case analysis for the incidence of PSBO



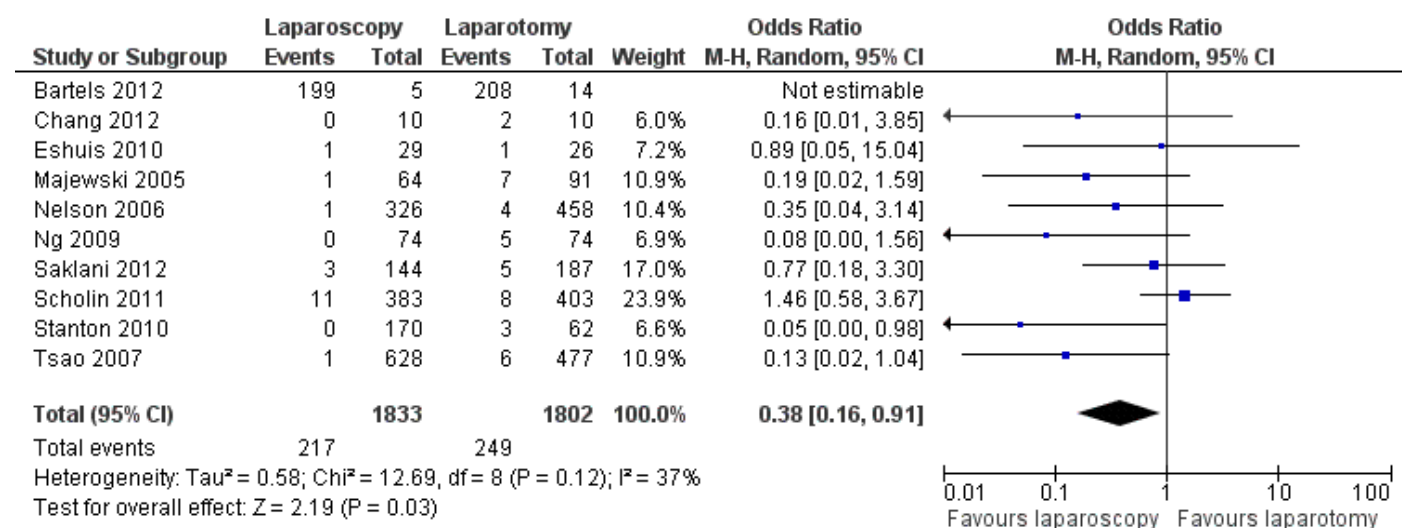
### 3.3.1. Forest plot of the cummulative incidence of PSBO, stratified by anatomical location



### 3.4.1. Forest plot of the cumulative incidence of PSBO, stratified by surgical technique 8 studies excluded. Surgical technique not specified in 8 studies.



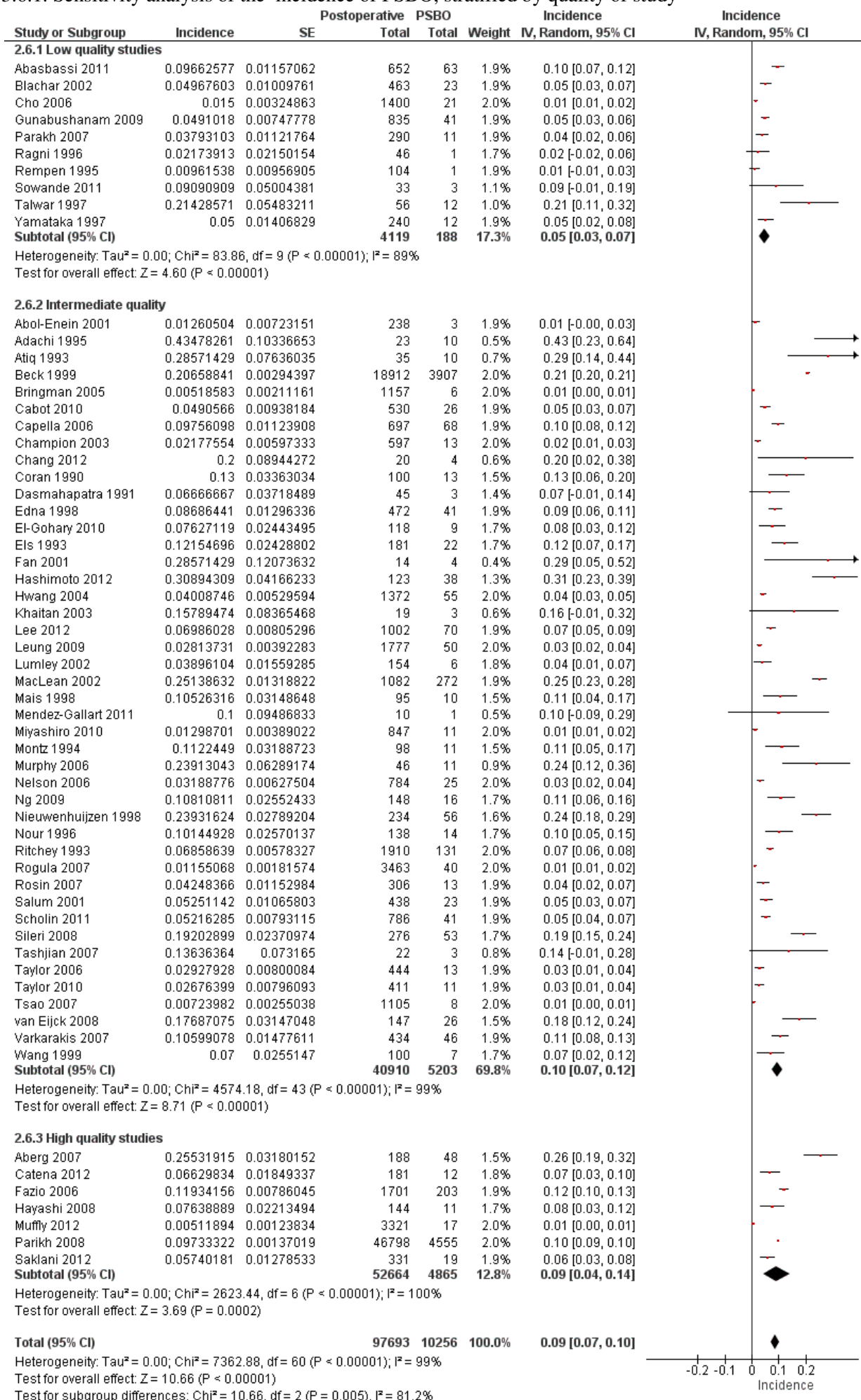
### 3.4.2. Forest plots of the incidence of PSBO compared between laparoscopy and laparotomy



### 3.5.1. Sensitivity analysis of the incidence of PSBO, impact of individual studies

Study	Point estimate	95%CI
All available studies	0.09	0.07-0.10
Abasbassi 2011	0.09	0.07-0.10
Aberg 2007	0.09	0.07-0.10
Abol-Enein 2001	0.09	0.07-0.10
Adachi 1995	0.09	0.07-0.10
Atiq 1993	0.09	0.07-0.10
Beck 1999	0.09	0.07-0.10
Blachar 2002	0.09	0.07-0.10
Bringman 2005	0.09	0.07-0.10
Cabot 2010	0.09	0.07-0.10
Capella 2006	0.09	0.07-0.10
Catena 2012	0.09	0.07-0.10
Champion 2003	0.09	0.07-0.10
Chang 2012	0.09	0.07-0.10
Cho 2006	0.09	0.07-0.10
Coran 1990	0.09	0.07-0.10
Dasmahapatra 1991	0.09	0.07-0.10
Edna 1998	0.09	0.07-0.10
El-Gohary 2010	0.09	0.07-0.10
Els 1993	0.09	0.07-0.10
Fan 2001	0.09	0.07-0.10
Fazio 2006	0.09	0.07-0.10
Gunabushanam 2009	0.09	0.07-0.10
Hashimoto 2012	0.09	0.07-0.10
Hayashi 2008	0.09	0.07-0.10
Hwang 2004	0.09	0.07-0.10
Khaitan 2003	0.09	0.07-0.10
Lee 2012	0.09	0.07-0.10
Leung 2009	0.09	0.07-0.10
Lumley 2002	0.09	0.07-0.10
MacLean 2002	0.09	0.07-0.10
Mais 1998	0.09	0.07-0.10
Mendez-Gallart 2011	0.09	0.07-0.10
Miyashiro 2010	0.09	0.07-0.10
Montz 1994	0.09	0.07-0.10
Muffly 2012	0.09	0.07-0.11
Murphy 2006	0.09	0.07-0.10
Nelson 2006	0.09	0.07-0.10
Ng 2009	0.09	0.07-0.10
Nieuwenhuijzen 1998	0.09	0.07-0.10
Nour 1996	0.09	0.07-0.10
Parakh 2007	0.09	0.07-0.10
Parikh 2008	0.09	0.07-0.10
Ragni 1996	0.09	0.07-0.10
Rempen 1995	0.09	0.07-0.10
Ritchey 1993	0.09	0.07-0.10
Rogula 2007	0.09	0.07-0.11
Rosin 2007	0.09	0.07-0.10
Saklani 2012	0.09	0.07-0.10
Salum 2001	0.09	0.07-0.10
Scholin 2011	0.09	0.07-0.10
Sileri 2008	0.09	0.07-0.10
Sowande 2011	0.09	0.07-0.10
Talwar 1997	0.09	0.07-0.10
Tashjian 2007	0.09	0.07-0.10
Taylor 2006	0.09	0.07-0.10
Taylor 2010	0.09	0.07-0.10
Tsao 2007	0.09	0.07-0.10
van Eijck 2008	0.09	0.07-0.10
Varkarakis 2007	0.09	0.07-0.10
Wang 1999	0.09	0.07-0.10
Yamataka 1997	0.09	0.07-0.10

### 3.6.1. Sensitivity analysis of the incidence of PSBO, stratified by quality of study

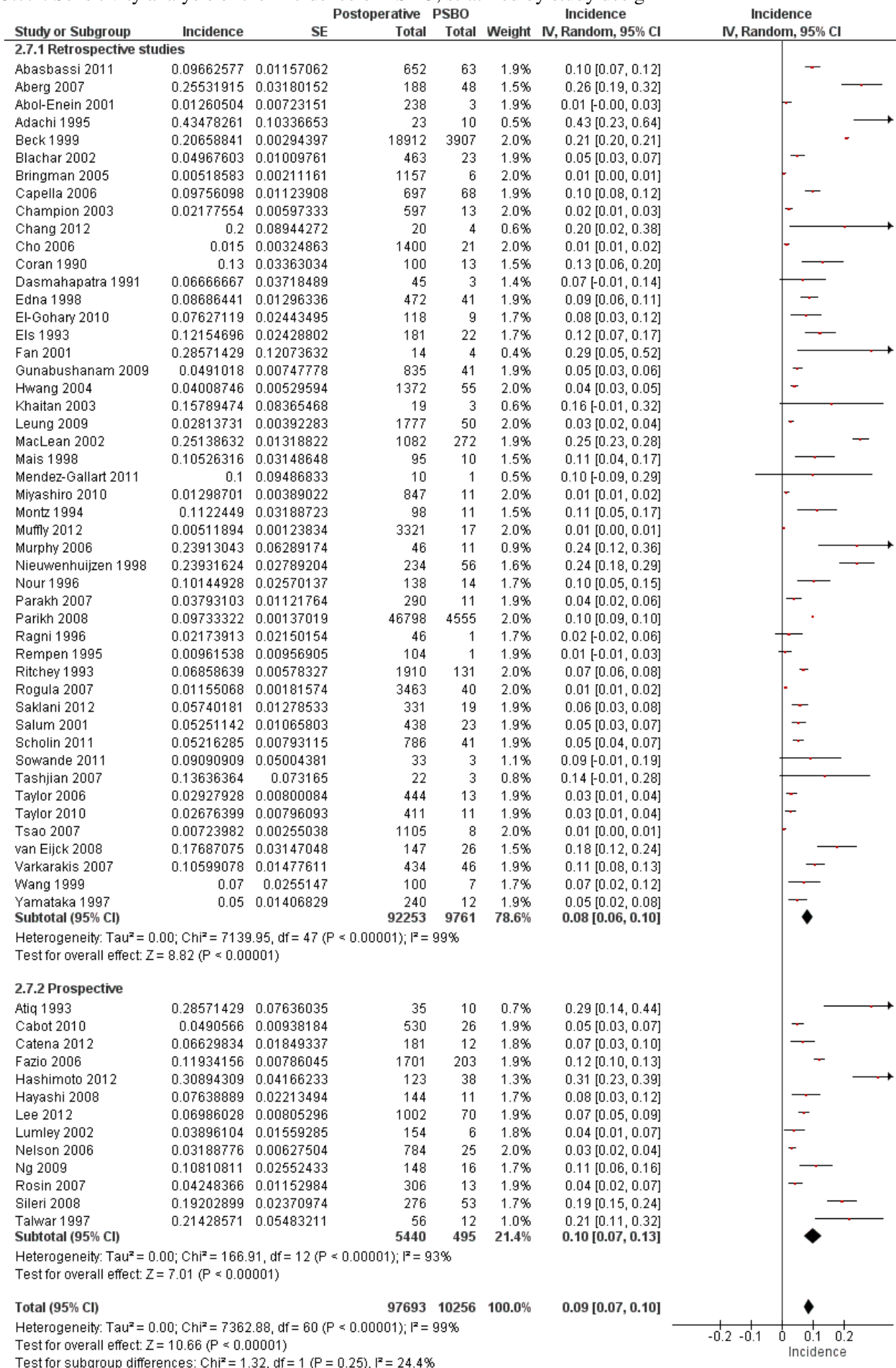


### 3.6.2 Table of Sensitivity analysis of the incidence of PSBO, impact of quality of studies

Study	Point estimate	95%CI
All available studies	0.09	0.07-0.10
Low Quality studies only	0.05	0.03-0.07
Intermediate Quality studies only	0.10	0.07-0.12
High studies only	0.09	0.04-0.14



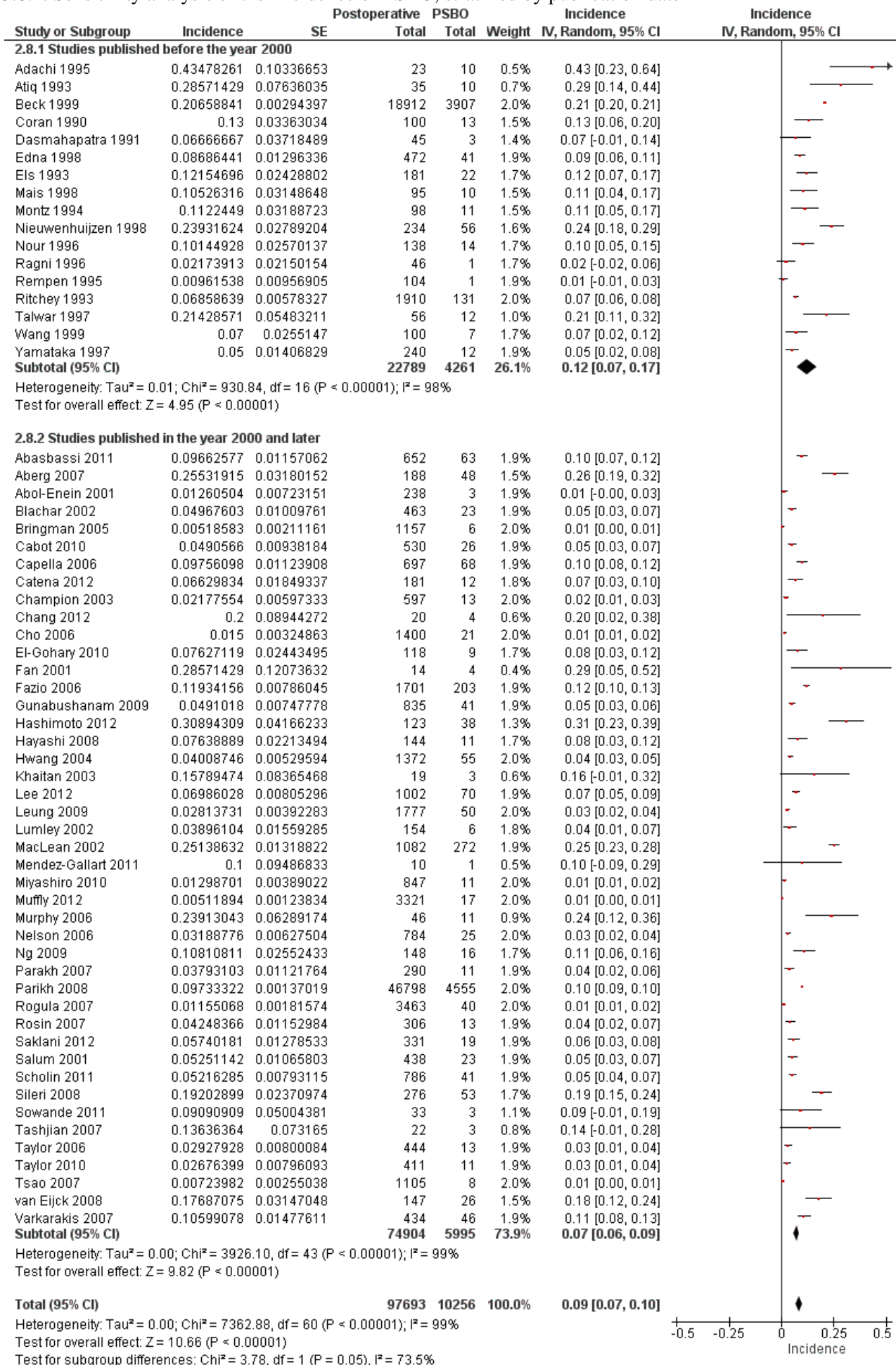
### 3.7.1. Sensitivity analysis of the incidence of PSBO, stratified by study design



### 3.7.2. Table of sensitivity analysis of the incidence of PSBO, impact of study design

Study	Point estimate	95% CI
All studies included	0.09	0.07-0.10
Retrospective studies only	0.08	0.06-0.10
Prospective studies only	0.10	0.07-0.13

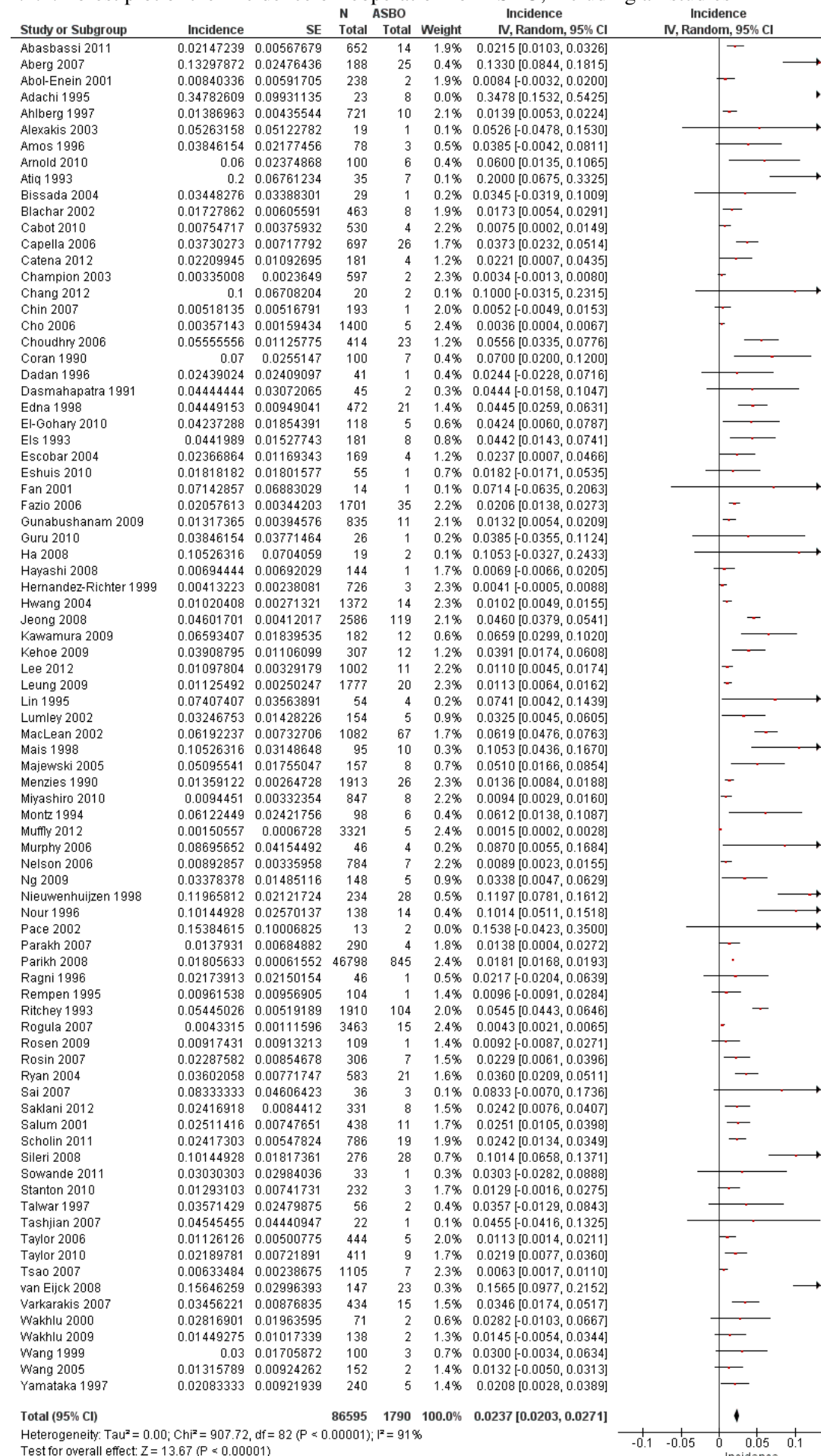
### 3.8.1. Sensitivity analysis of the incidence of PSBO, stratified by publication date



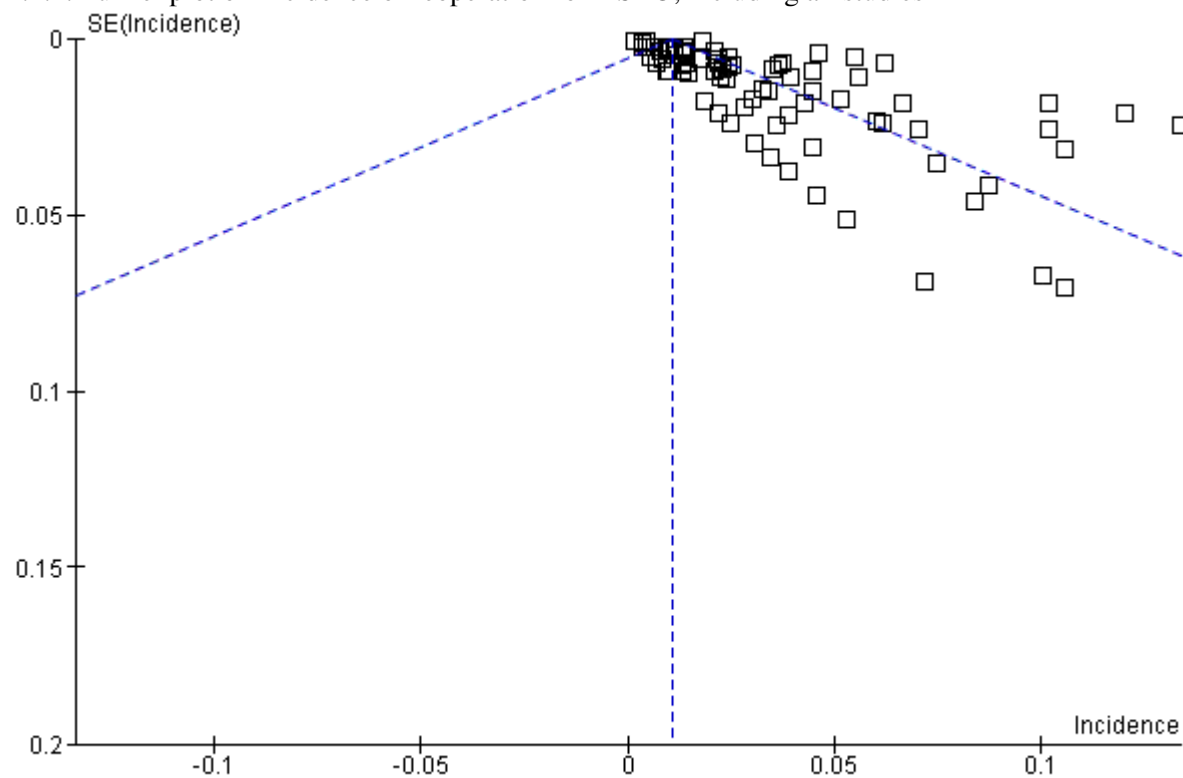
### 3.8.2. Table of sensitivity analysis of the incidence of PSBO, impact of publication date

Study	Point estimate	95% CI
All studies included	0.09	0.07-0.10
Studie published before the year 2000	0.12	0.07-0.17
Studies published in the year 2000 and later	0.07	0.06-0.09

#### 4.1.1. Forest plot of the incidence of reoperation for ASBO, including all studies

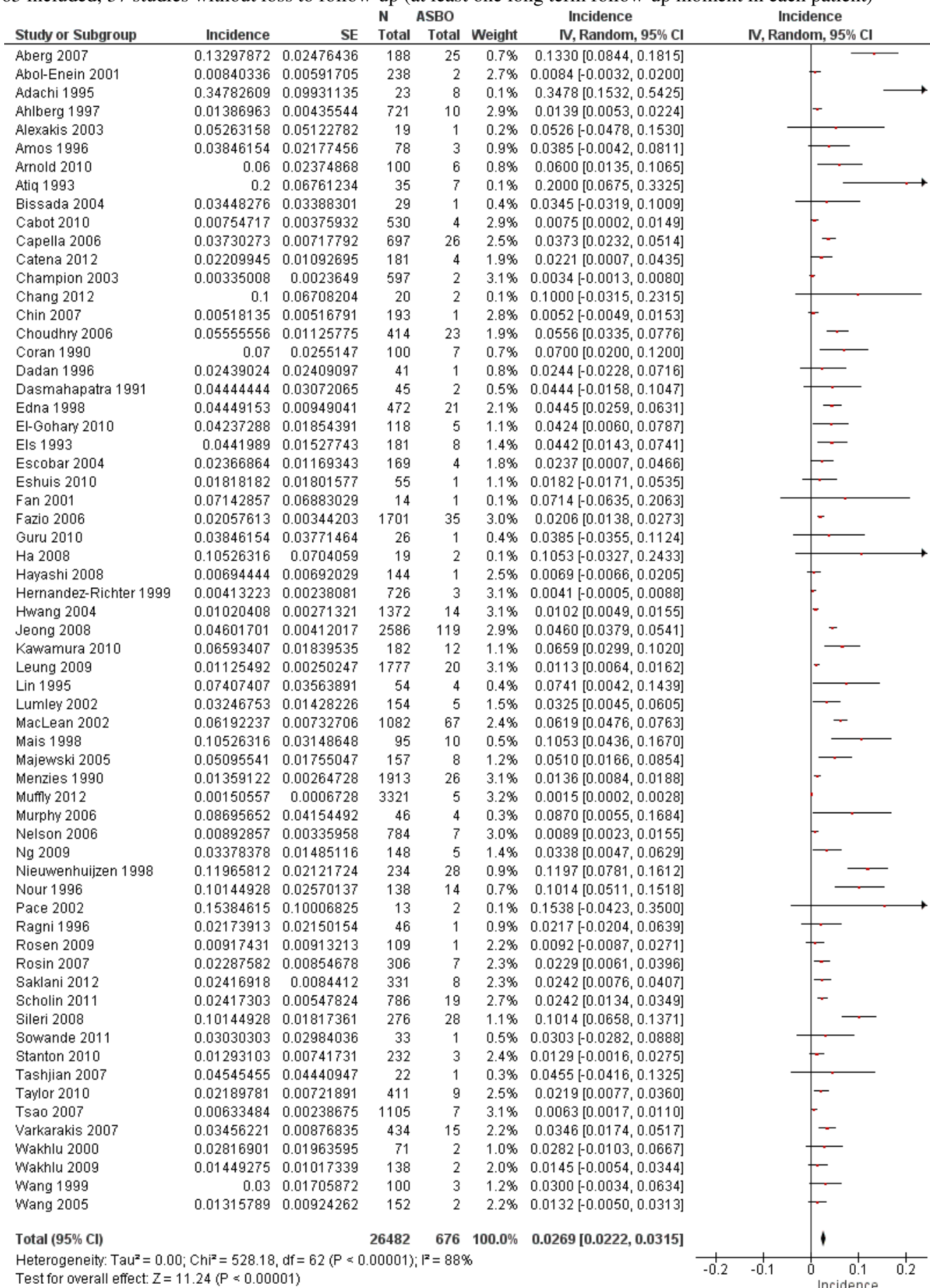


#### 4.1.2. Funnel plot of incidence of reoperation for ASBO, including all studies

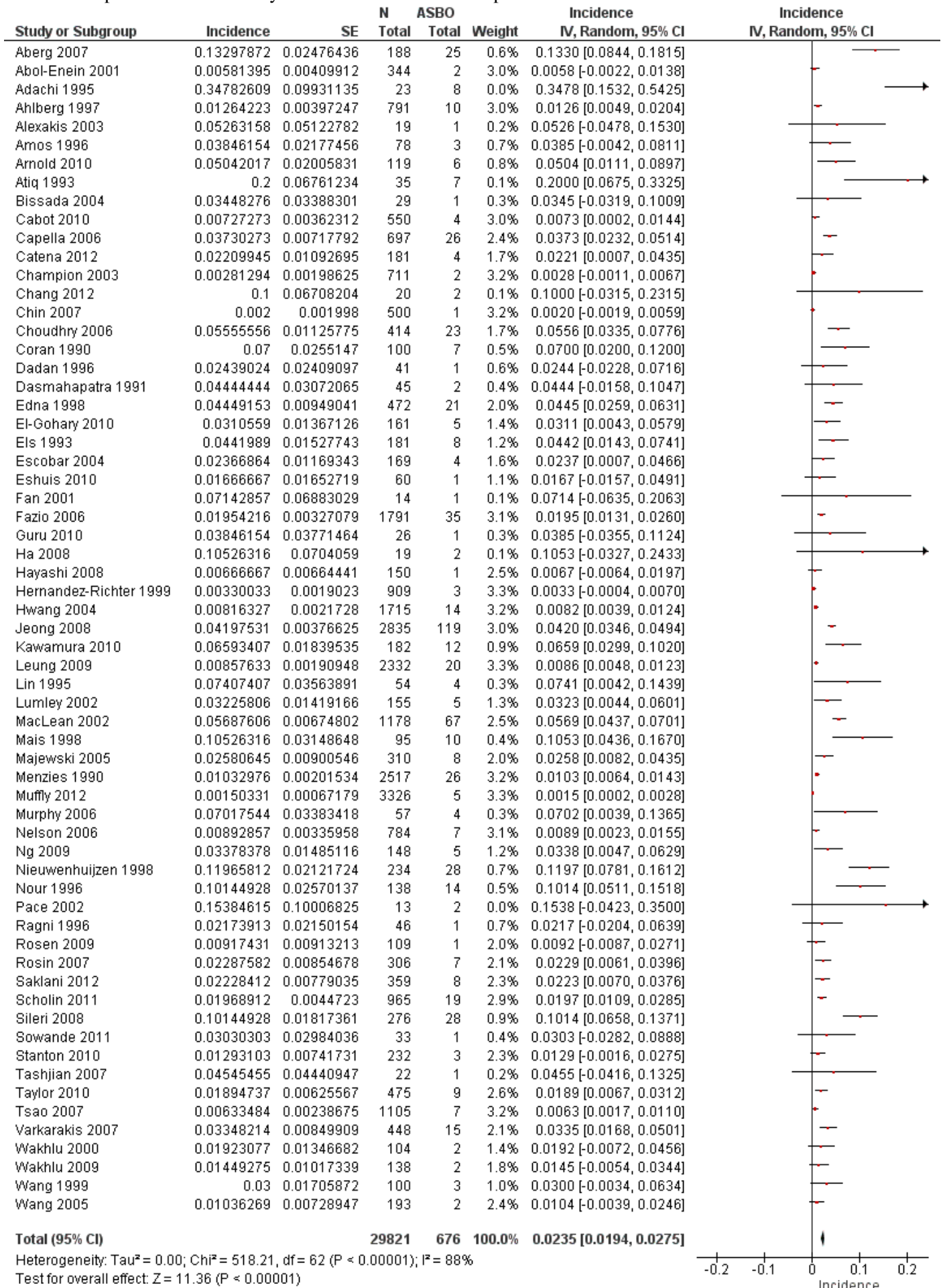


#### 4.2.1. Forest plot of analysis for the incidence of reoperation for ASBO in studies with adequate description of follow-up for best and worst case scenario analysis.

63 included, 37 studies without loss to follow-up (at least one long term follow-up moment in each patient)

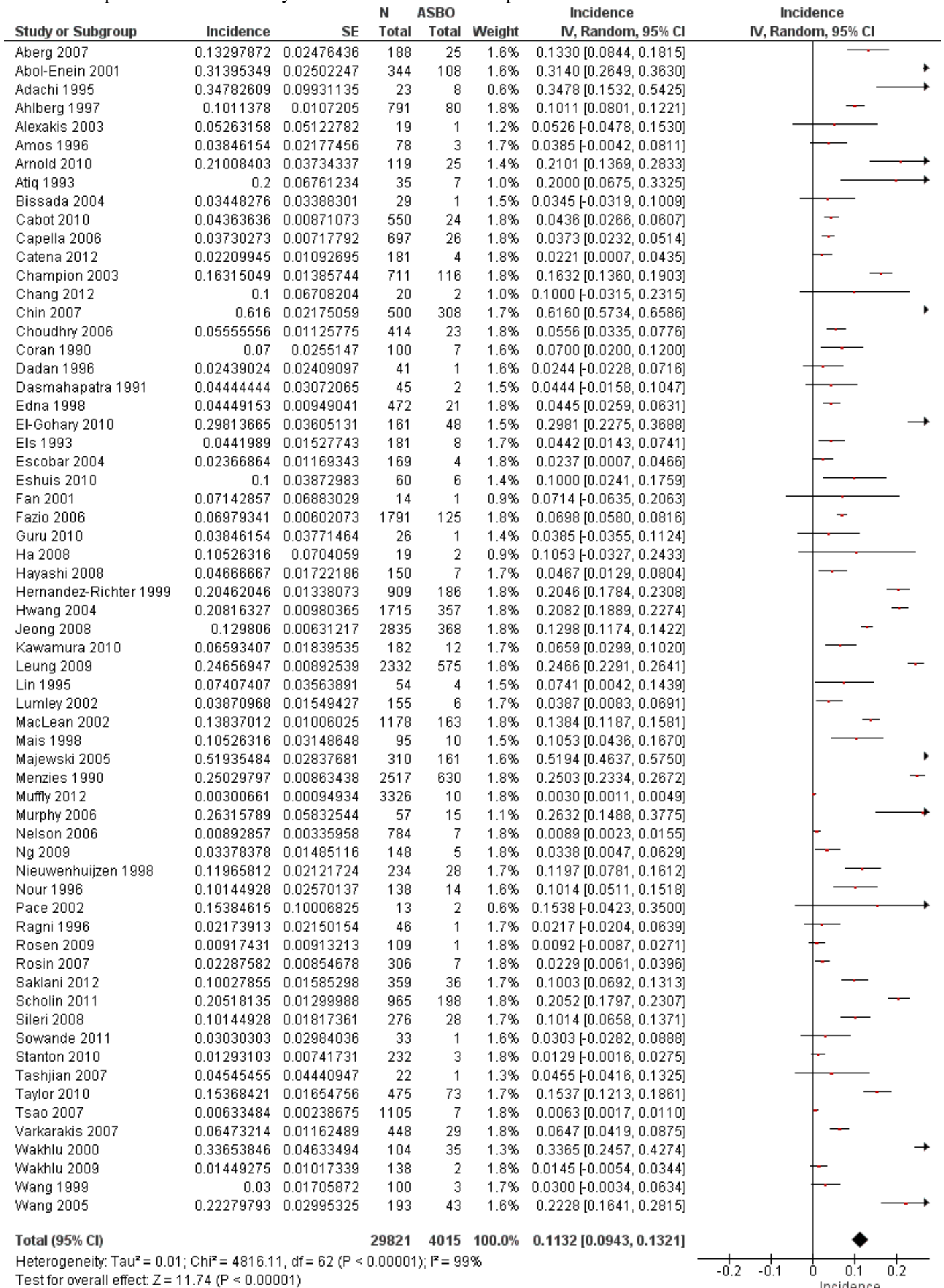


#### 4.2.2. Forest plot of best case analysis for the incidence of reoperation for ASBO

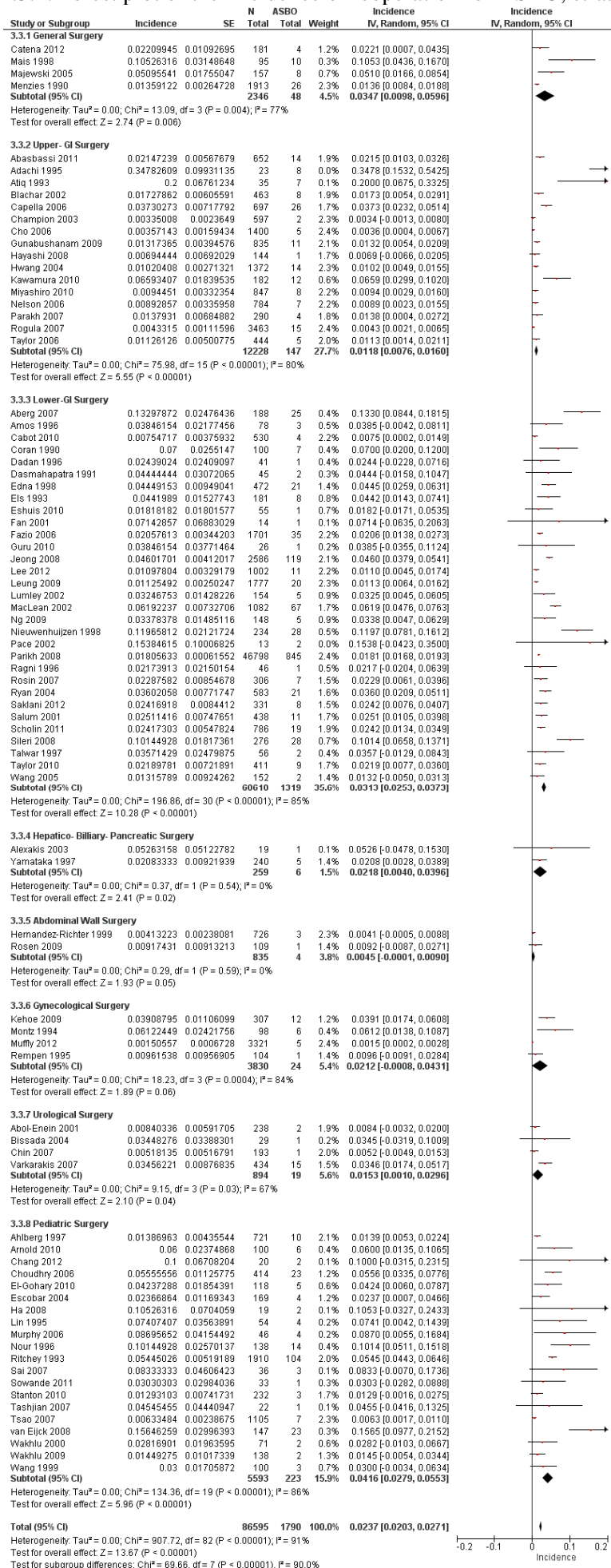




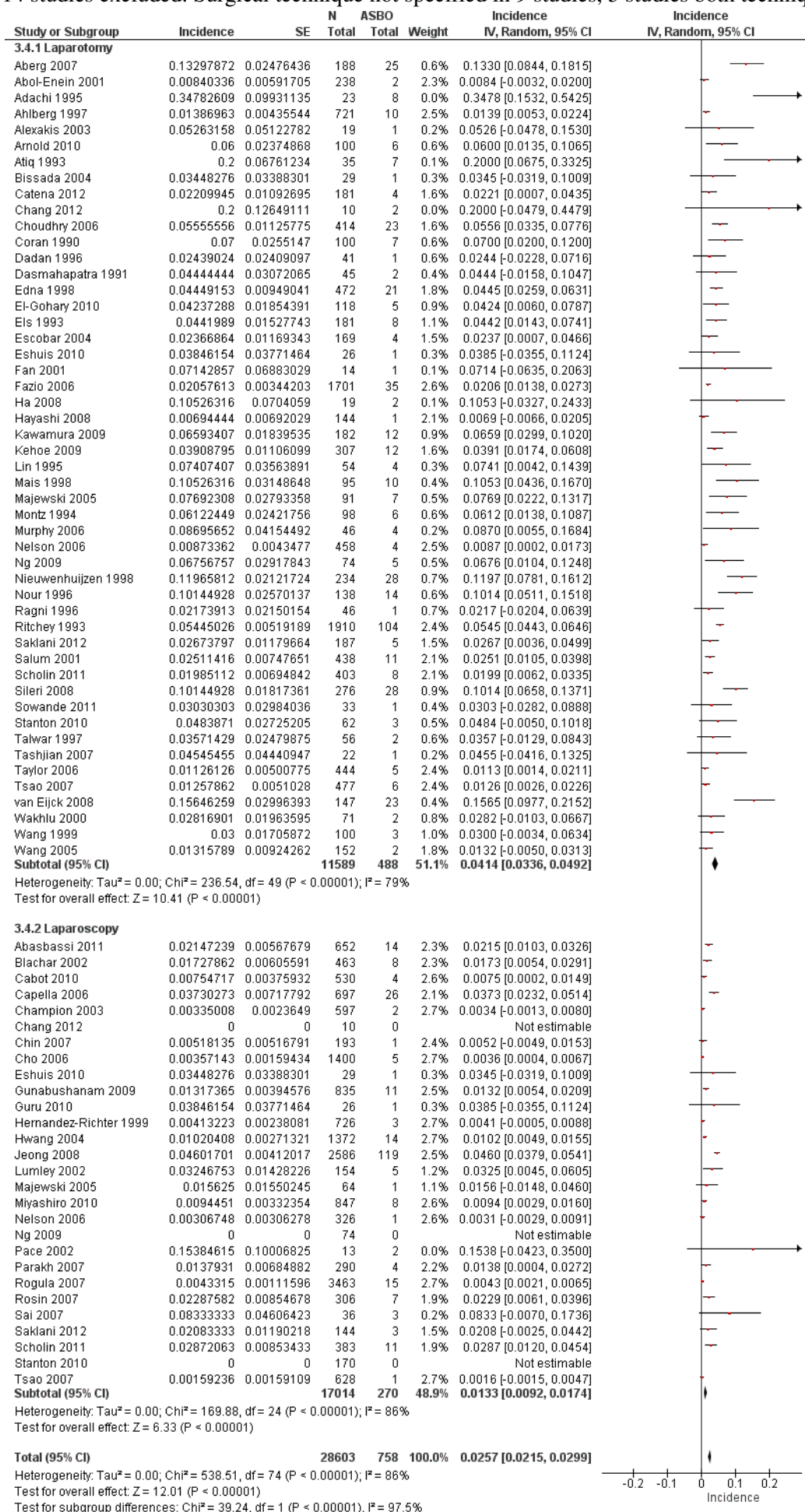
#### 4.2.3. Forest plot of worst case analysis for the incidence of reoperation for ASBO



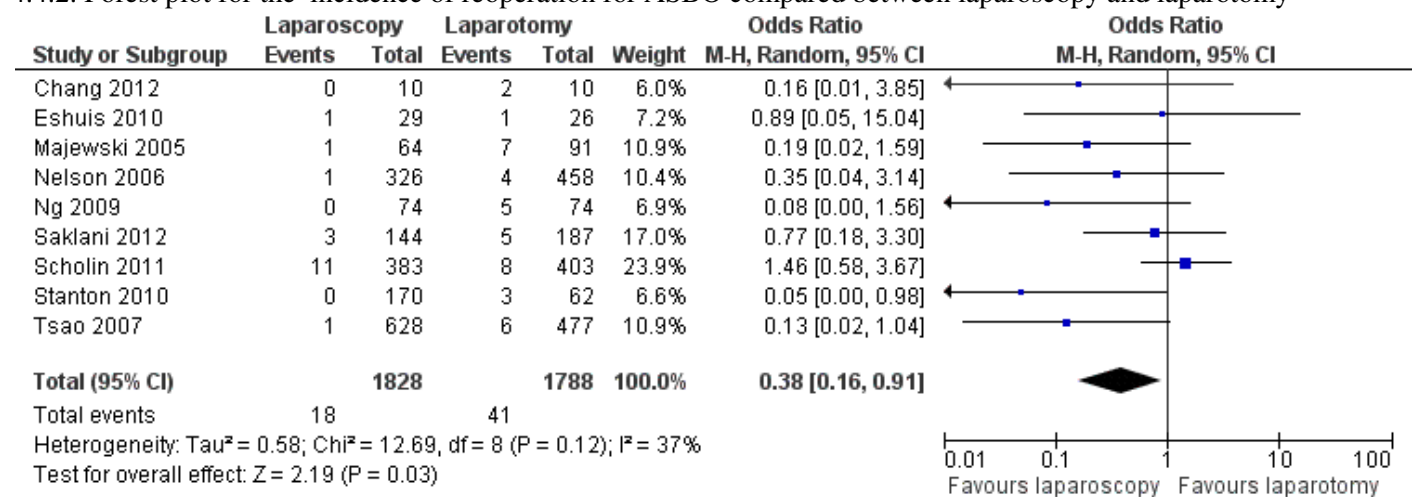
### 4.3.1. Forest plot of the incidence of reoperation for ASBO, stratified by anatomical location



#### 4.4.1. Forest plot of the incidence of reoperation for ASBO, stratified by surgical technique 14 studies excluded. Surgical technique not specified in 9 studies, 5 studies both techniques without data per subgroup



#### 4.4.2. Forest plot for the incidence of reoperation for ASBO compared between laparoscopy and laparotomy

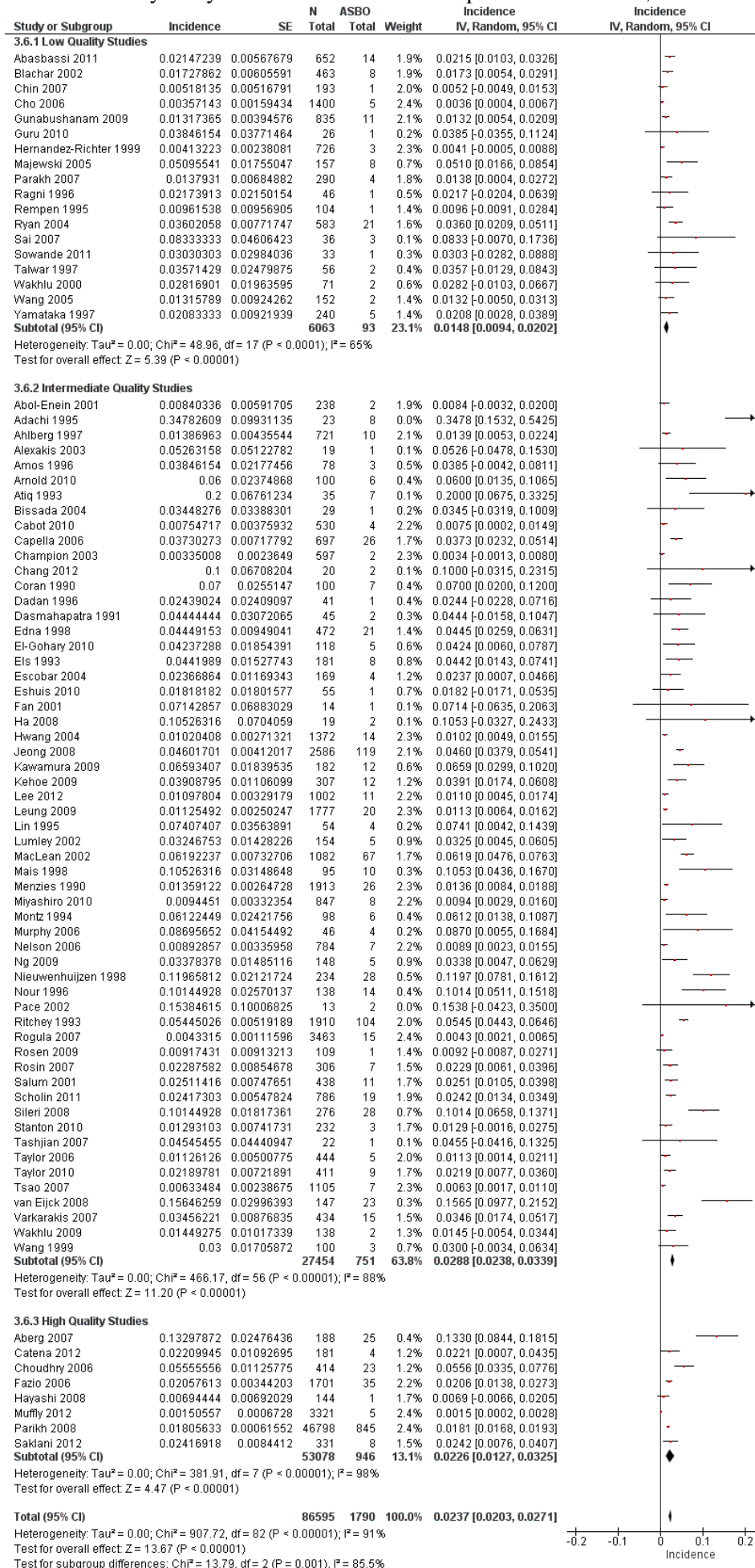


#### 4.5.1. Sensitivity analysis of the incidence of reoperation for ASBO, impact of individual studies

Study	Point estimate	95%CI
All available studies	0.02	0.02-0.03
Abasbassi 2011	0.02	0.02-0.03
Aberg 2007	0.02	0.02-0.03
Abol-Enein 2001	0.02	0.02-0.03
Adachi 1995	0.02	0.02-0.03
Ahlberg 1997	0.02	0.02-0.03
Alexakis 2003	0.02	0.02-0.03
Amos 1996	0.02	0.02-0.03
Arnold 2010	0.02	0.02-0.03
Atiq 1993	0.02	0.02-0.03
Bissada 2004	0.02	0.02-0.03
Blachar 2002	0.02	0.02-0.03
Cabot 2010	0.02	0.02-0.03
Capella 2006	0.02	0.02-0.03
Catena 2012	0.02	0.02-0.03
Champion 2003	0.02	0.02-0.03
Chang 2012	0.02	0.02-0.03
Chin 2007	0.02	0.02-0.03
Cho 2006	0.02	0.02-0.03
Choudhry 2006	0.02	0.02-0.03
Coran 1990	0.02	0.02-0.03
Dadan 1996	0.02	0.02-0.03
Dasmahapatra 1991	0.02	0.02-0.03
Edna 1998	0.02	0.02-0.03
El-Gohary 2010	0.02	0.02-0.03
Els 1993	0.02	0.02-0.03
Escobar 2004	0.02	0.02-0.03
Eshuis 2010	0.02	0.02-0.03
Fan 2001	0.02	0.02-0.03
Fazio 2006	0.02	0.02-0.03
Gunabushanam 2009	0.02	0.02-0.03
Guru 2010	0.02	0.02-0.03
Ha 2008	0.02	0.02-0.03
Hayashi 2008	0.02	0.02-0.03
Hernandez-Richter 1999	0.02	0.02-0.03
Hwang 2004	0.02	0.02-0.03
Jeong 2008	0.02	0.02-0.03
Kawamura 2009	0.02	0.02-0.03
Kehoe 2009	0.02	0.02-0.03
Lee 2012	0.02	0.02-0.03
Leung 2009	0.02	0.02-0.03
Lin 1995	0.02	0.02-0.03
Lumley 2002	0.02	0.02-0.03
MacLean 2002	0.02	0.02-0.03
Mais 1998	0.02	0.02-0.03
Majewski 2005	0.02	0.02-0.03
Menzies 1990	0.02	0.02-0.03
Miyashiro 2010	0.02	0.02-0.03
Montz 1994	0.02	0.02-0.03
Muffly 2012	0.02	0.02-0.03
Murphy 2006	0.02	0.02-0.03
Nelson 2006	0.02	0.02-0.03
Ng 2009	0.02	0.02-0.03
Nieuwenhuijzen 1998	0.02	0.02-0.03
Nour 1996	0.02	0.02-0.03
Pace 2002	0.02	0.02-0.03
Parakh 2007	0.02	0.02-0.03
Parikh 2008	0.02	0.02-0.03
Ragni 1996	0.02	0.02-0.03
Rempen 1995	0.02	0.02-0.03
Ritchey 1993	0.02	0.02-0.03
Rogula 2007	0.02	0.02-0.03

Rosen 2009	0.02	0.02-0.03
Rosin 2007	0.02	0.02-0.03
Ryan 2004	0.02	0.02-0.03
Sai 2007	0.02	0.02-0.03
Saklani 2012	0.02	0.02-0.03
Salum 2001	0.02	0.02-0.03
Scholin 2011	0.02	0.02-0.03
Sileri 2008	0.02	0.02-0.03
Sowande 2011	0.02	0.02-0.03
Stanton 2010	0.02	0.02-0.03
Talwar 1997	0.02	0.02-0.03
Tashjian 2007	0.02	0.02-0.03
Taylor 2006	0.02	0.02-0.03
Taylor 2010	0.02	0.02-0.03
Tsao 2007	0.02	0.02-0.03
van Eijck 2008	0.02	0.02-0.03
Varkarakis 2007	0.02	0.02-0.03
Wakhlu 2000	0.02	0.02-0.03
Wakhlu 2009	0.02	0.02-0.03
Wang 1999	0.02	0.02-0.03
Wang 2005	0.02	0.02-0.03
Yamataka 1997	0.02	0.02-0.03

#### 4.6.1. Sensitivity analysis of the incidence of reoperation for ASBO, stratified by quality of study

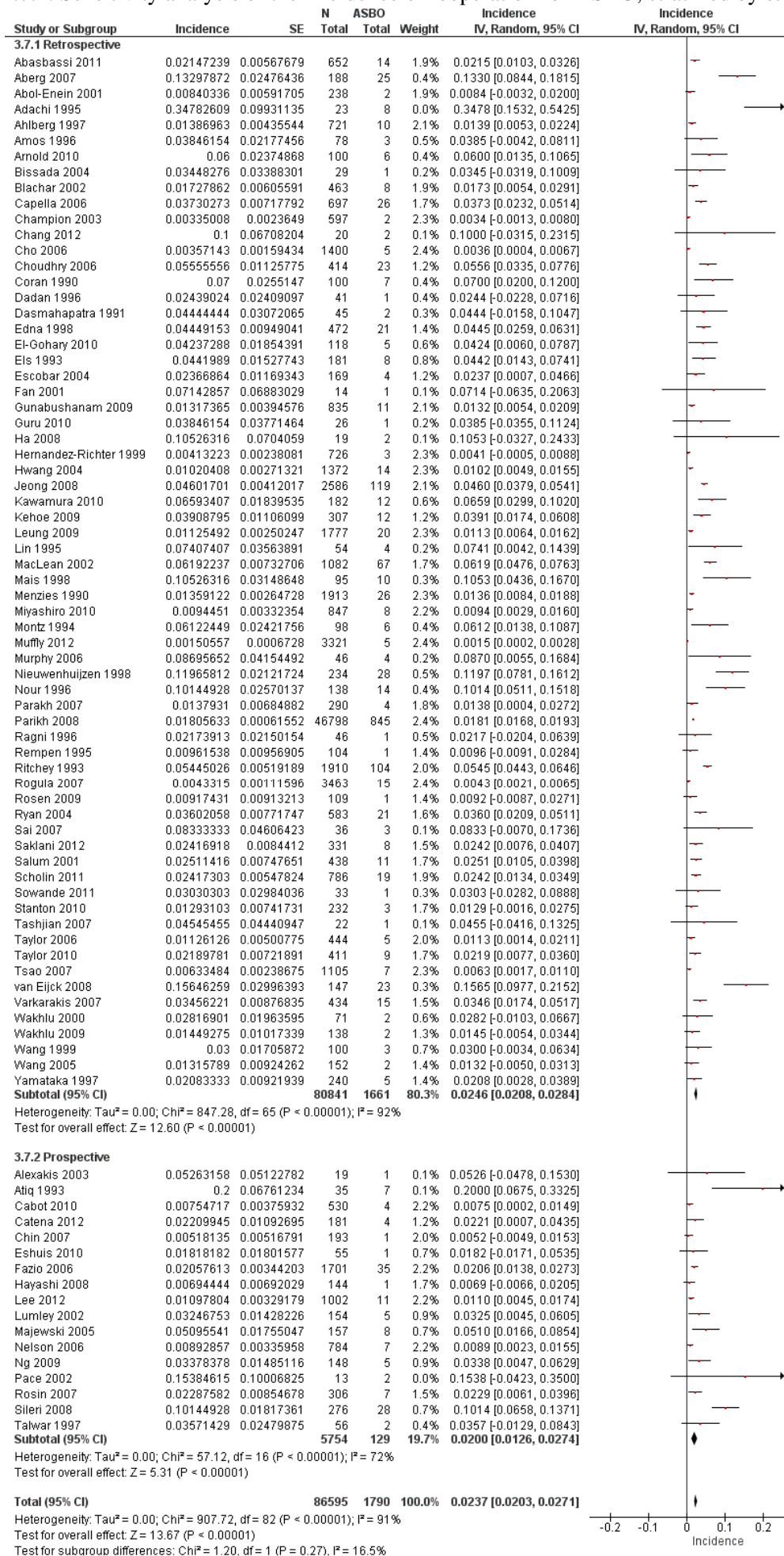


#### 4.6.2. Table of Sensitivity analysis of the incidence of ASBO, impact of quality of studies

Study	Point estimate	95%CI
All available studies	0.0237	0.0203-0.0271
Low Quality studies only	0.0148	0.0094-0.0202
Intermediate Quality studies only	0.0288	0.0238-0.0339
High studies only	0.0226	0.0127-0.0325



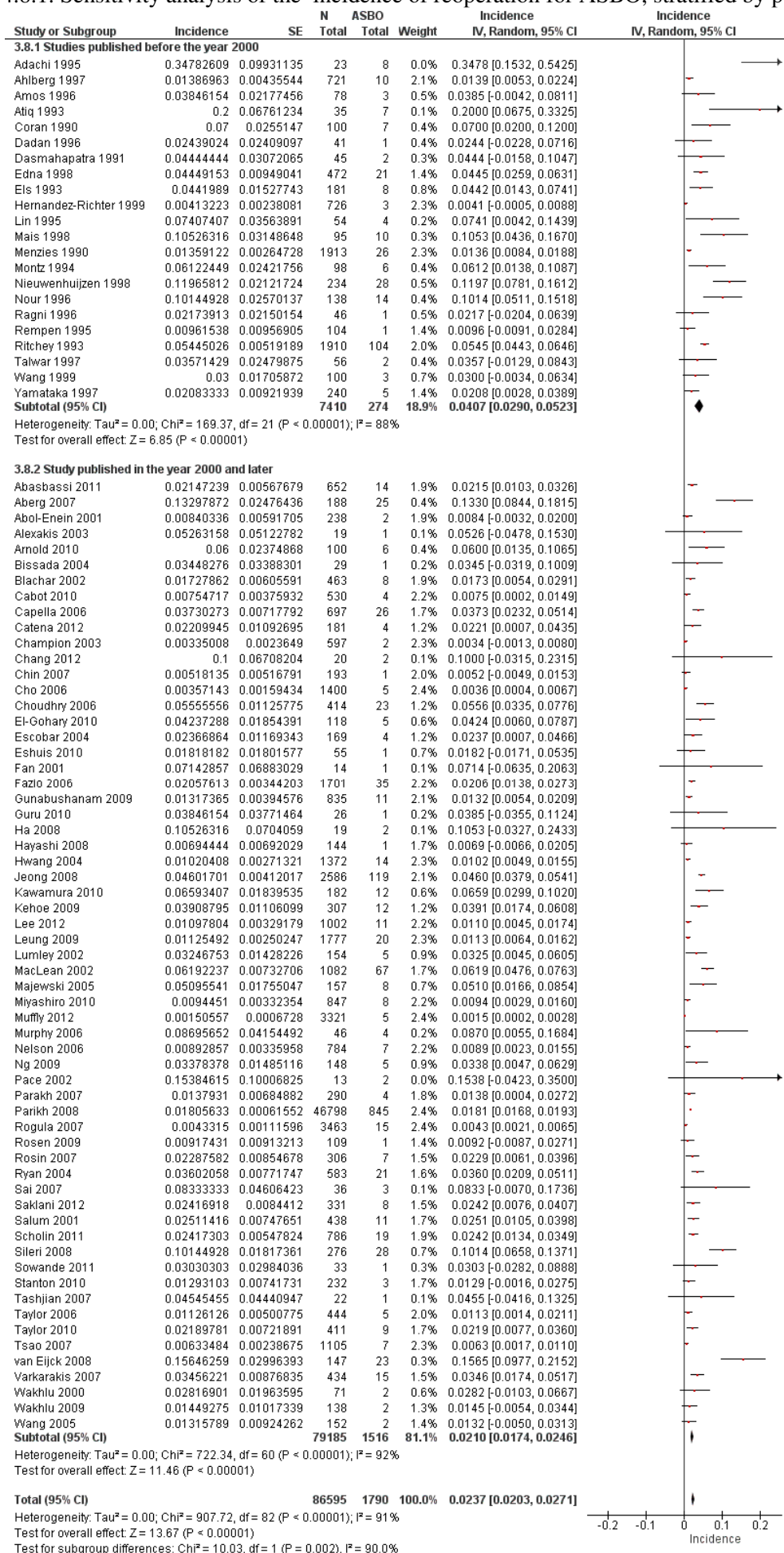
#### 4.7.1. Sensitivity analysis of the incidence of reoperation for ASBO, stratified by study design



4.7.2. Table of sensitivity analysis of the incidence of reoperation for ASBO, impact of study design

Study	Point estimate	95%CI
All available studies	0.0237	0.0203-0.0271
Retrospective studies only	0.0246	0.0208-0.0284
Prospective studies only	0.0200	0.0126-0.0274

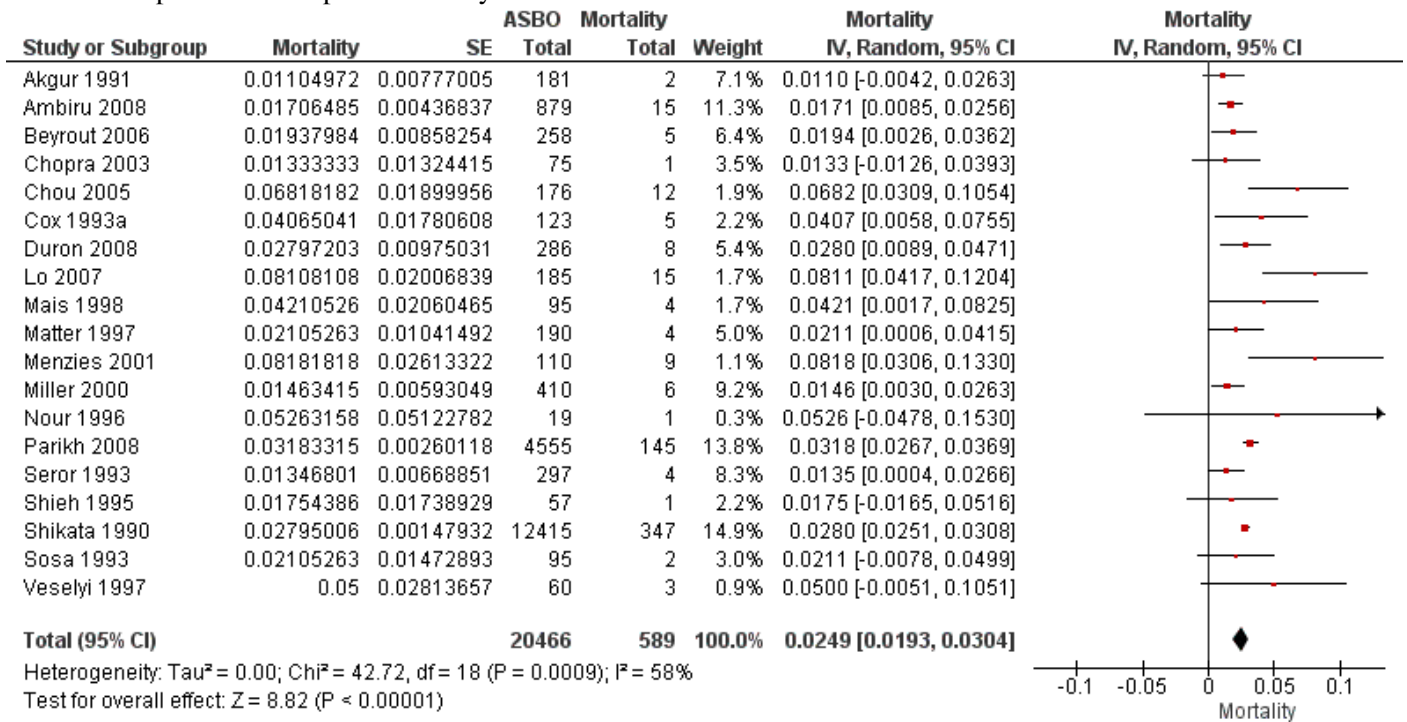
#### 4.8.1. Sensitivity analysis of the incidence of reoperation for ASBO, stratified by publication date



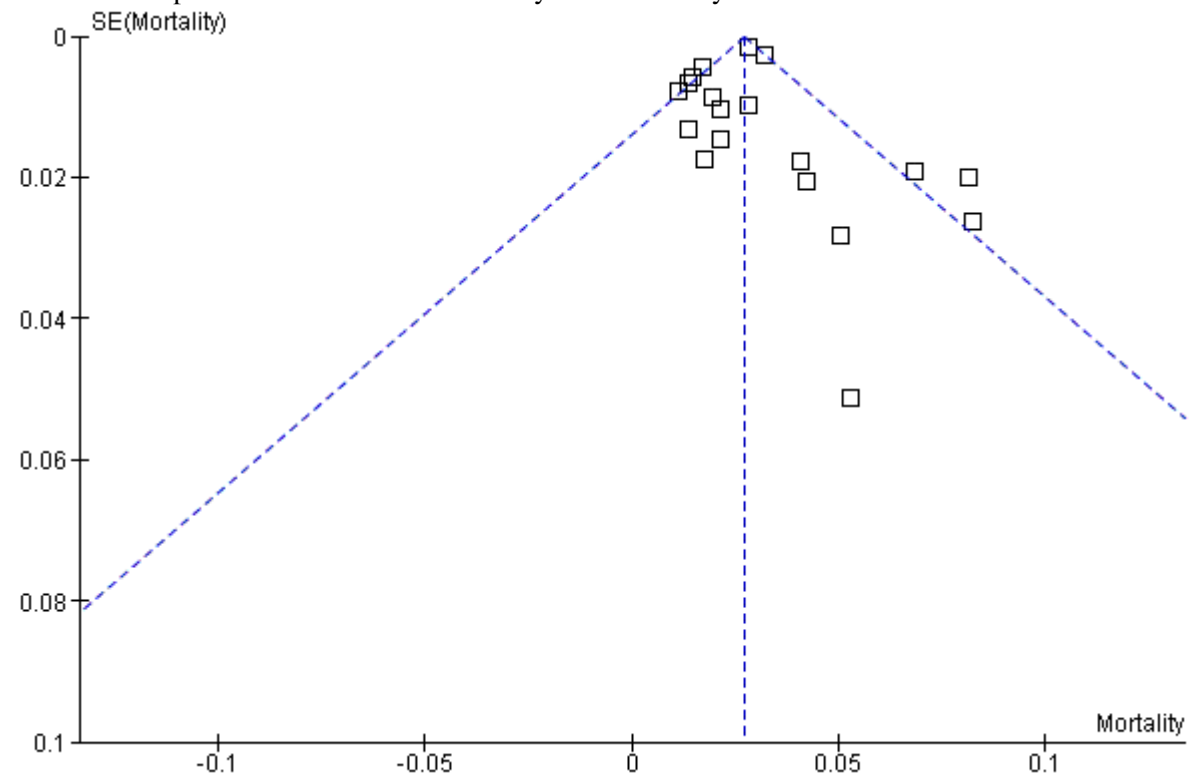
#### 4.8.2. Table of sensitivity analysis of the incidence of reoperation for ASBO, impact of publication date

Study	Point estimate	95% CI
All studies included	0.0237	0.0203-0.0271
Studie published before the year 2000	0.0407	0.0290-0.0523
Studies published in the year 2000 and later	0.0210	0.0174-0.0246

### 5.1.1. Forest plot of In-hospital Mortality from ASBO

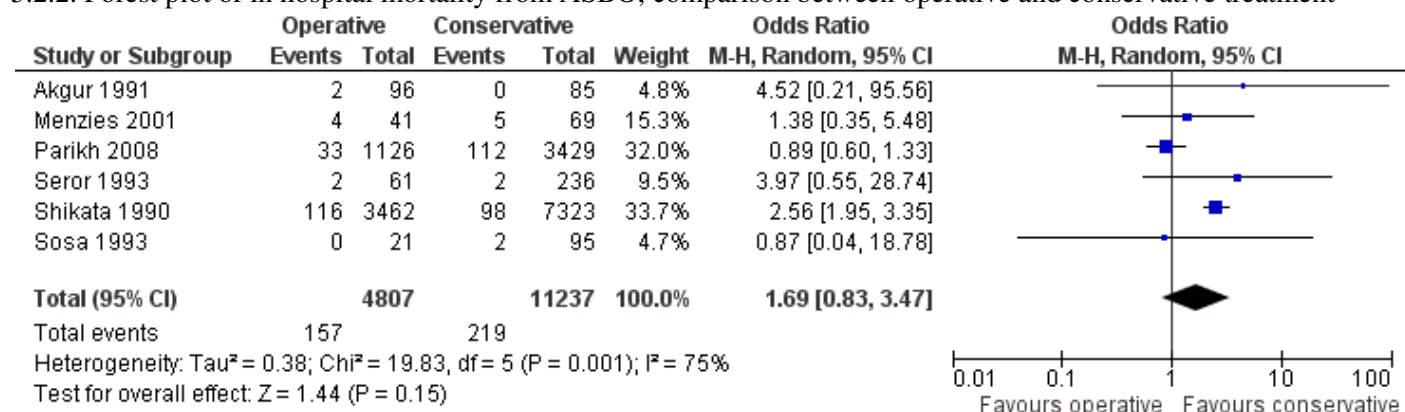


### 5.1.2. Funnel plot of studies included in analysis of mortality from ASBO



5.2.1. In hospital mortality from ASBO Stratification by anatomical region: Not Applicable

5.2.2. Forest plot of in hospital mortality from ASBO, comparison between operative and conservative treatment

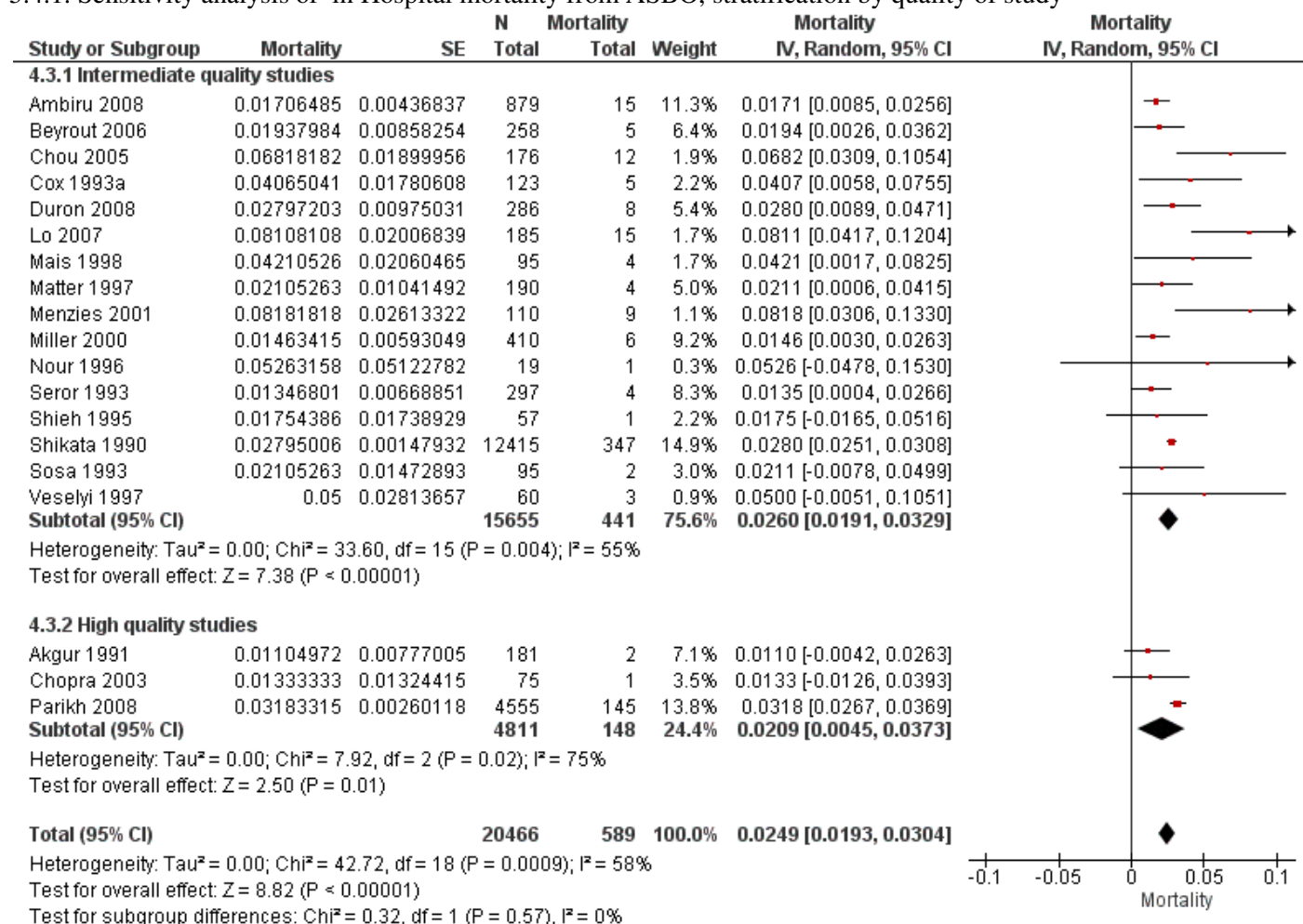


### 5.3.1. Sensitivity analysis of in hospital mortality from ASBO, impact of individual studies

Study	Point estimate	95%CI
All studies included	0.0249	0.0193-0.0304
Akgur 1991	0.0258	0.0203-0.0314
Ambiru 2008	0.0258	0.0200-0.0316
Beyrout 2006	0.0253	0.0195-0.0311
Chopra 2003	0.0253	0.0196-0.0309
Chou 2005	0.0240	0.0186-0.0293
Cox 1993a	0.0245	0.0189-0.0301
Duron 2008	0.0247	0.0189-0.0305
Lo 2007	0.0238	0.0187-0.0289
Mais 1998	0.0246	0.0190-0.0302
Matter 1997	0.0251	0.0194-0.0309
Menzies 2001	0.0242	0.0188-0.0295
Miller 2000	0.0258	0.0202-0.0315
Nour 1996	0.0248	0.0192-0.0304
Parikh 2008	0.0242	0.0178-0.0307
Seror 1993	0.0258	0.0202-0.0315
Shieh 1995	0.0251	0.0194-0.0307
Shikata 1990	0.0254	0.0182-0.0325
Sosa 1993	0.0250	0.0193-0.0307
Veselyi 1997	0.0246	0.0191-0.0302



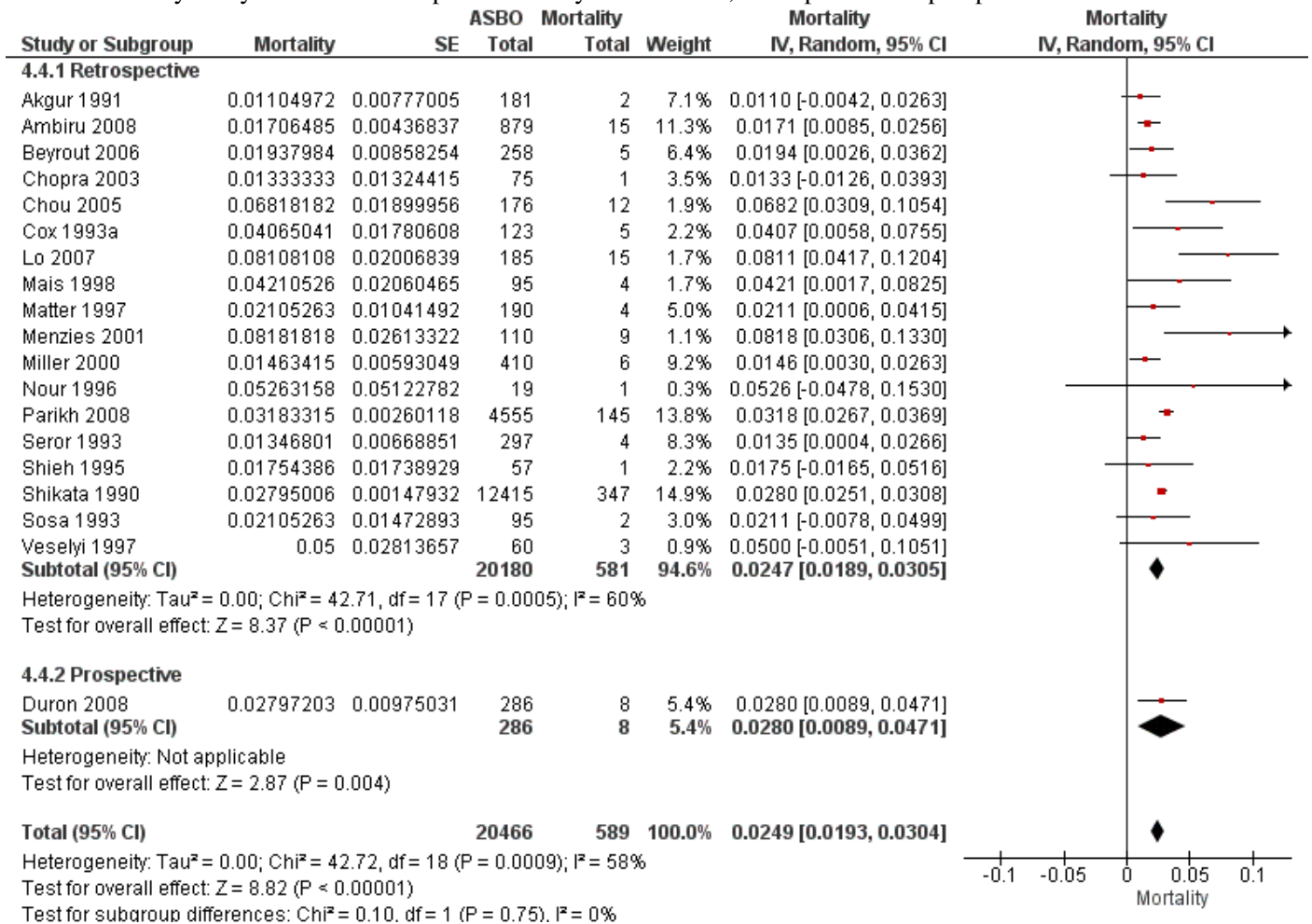
#### 5.4.1. Sensitivity analysis of in Hospital mortality from ASBO, stratification by quality of study



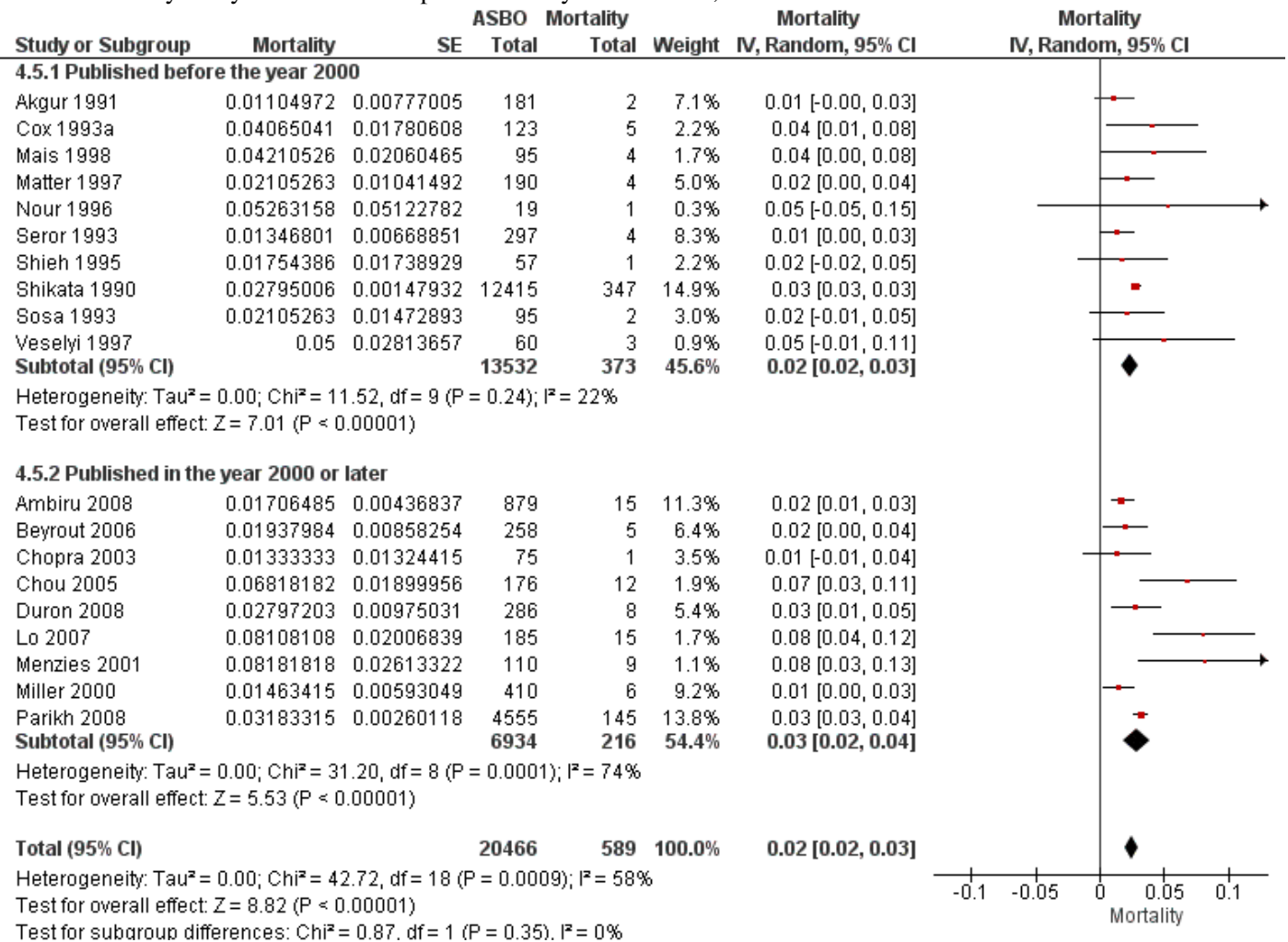
#### 5.4.2. Table Sensitivity analysis of in Hospital mortality from ASBO, impact of quality of studies

Study	Point estimate	95%CI
All available studies	0.0249	0.0193-0.0304
Low Quality studies only	NA	NA
Intermediate Quality studies only	0.0260	0.0191-0.0329
High studies only	0.0209	0.0045-0.0373

### 5.5.1. Sensitivity analysis of the In Hospital mortality from ASBO, retrospective vs. prospective



### 5.6.1. Sensitivity analysis of the In Hospital mortality from ASBO, Publication date



6.1.1. Table of qualitative analysis of length of hospital stay for treatment of ASBO  
5 studies included in meta-analysis

15 in qualitative analysis qualitative analysis

Study	Total group		Conservative treatment		Operatively treated	
	N	LOS (mean $\pm$ SD)	N	LOS (mean $\pm$ SD)	N	LOS (mean $\pm$ SD)
Alwan 1999	332	8 (0 -156) *	-	-	-	-
Beyrout 2006	258	7 (1 – 63) †	-	-	-	-
Borzellino 2004	65	4.4 (1-22) †	-	-	65	4.4 (1-22) †
Kawamura 2010	10	11.4 $\pm$ 7.4	7	11.1 $\pm$ 8.9	3	12.0 $\pm$ 1.7
Khaikin 2007	72	7-13 ‡	-	-	72	7-13 ‡
Kössi 2004	123	7 $\pm$ 0.6	-	-	-	-
Menzies 2001	110	10.5 (1-45) †	69	7 (1-23) †	41	16.3(2 - 45) †
Miller 2002	-	-	23	6 (2 – 33) *	7	12 (9 – 17) *
Miller 2000	-	-	267	4 ( NA ) *	143	12 ( NA ) *
Parikh 2008	4555	10.6 $\pm$ NA	3429	9.5 $\pm$ NA	1126	14 $\pm$ NA
Rosin 2000	21	6.9 $\pm$ 5.1	-	-	21	6.9 $\pm$ 5.1
Shih 2003	293	6.5 $\pm$ 3.0	220	6.9 $\pm$ 2.9	73	5.9 $\pm$ 2.8
Sosa 1993	116	13.4 (2 – NA) †	95	13.7 (2 – NA) †	21	12.3 (6 – 48) †
Suzuki 2003	17	9.9 $\pm$ 4.4	-	-	-	-
Wang 2009	46	8.8 (6 – 20) †	-	-	-	-

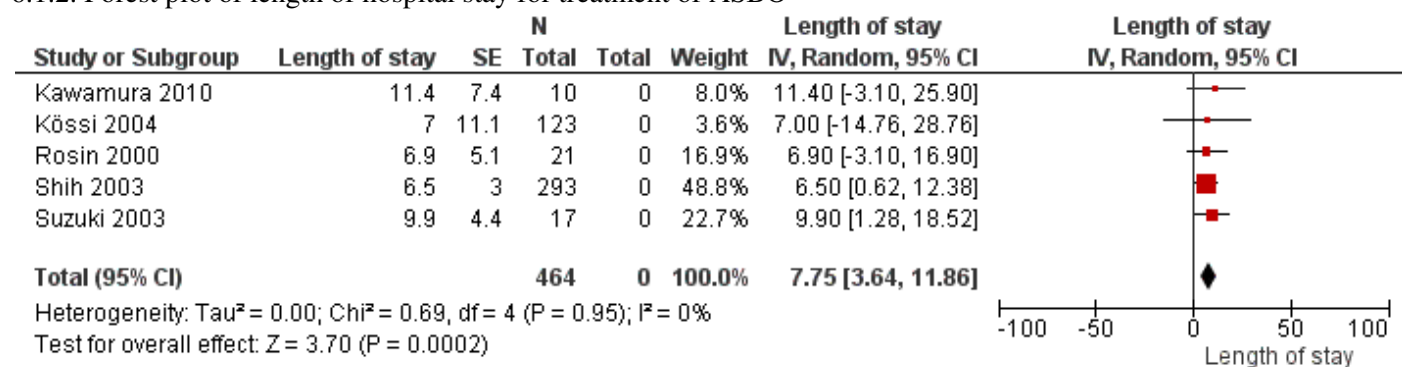
NA not available;

\*Median(Range);

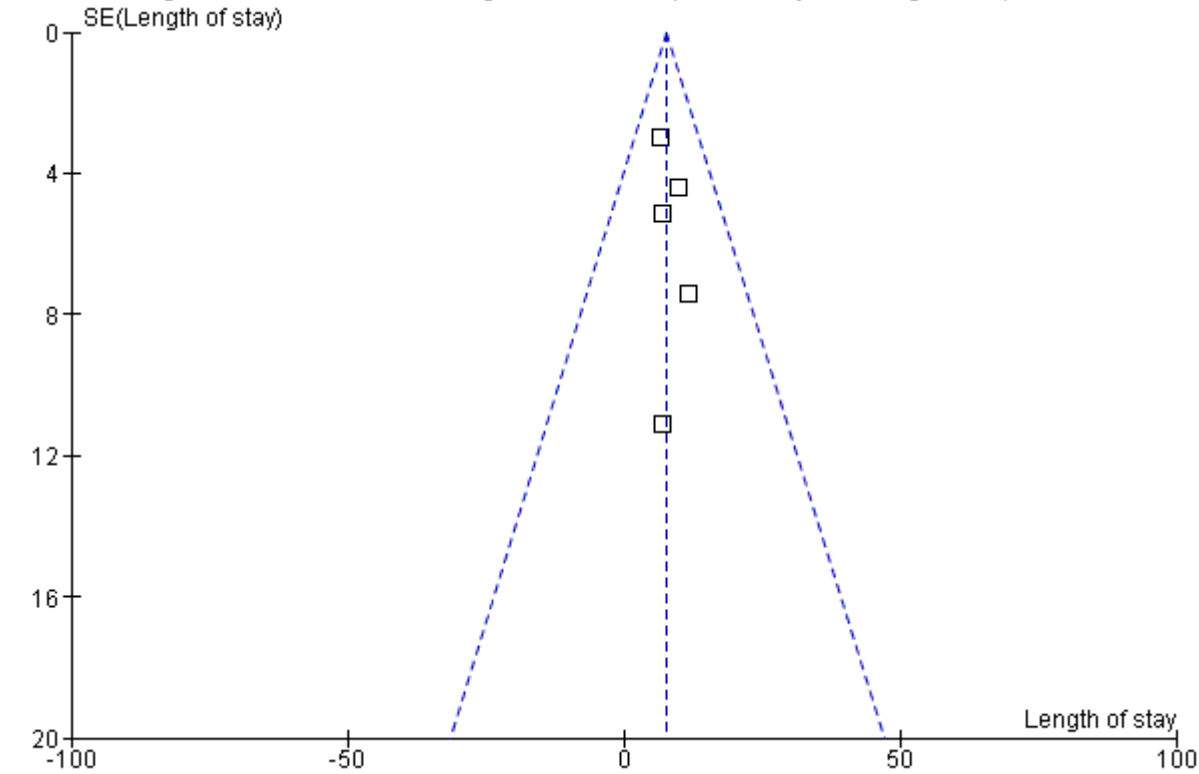
† Mean (range), *only used for articles that provided insufficient data to extract Mean and SD or Median and Range*;

‡ Khaikin 2007: median LOS: 7 in 31 patients receiving laparoscopic surgery, 8 in 10 patients after conversion, and 13 in 31 patients receiving open surgery.

### 6.1.2. Forest plot of length of hospital stay for treatment of ASBO



6.1.3. Funnel plot of studies included in quantitative analysis of length of hospital stay for ASBO



6.2.1. Length of hospital stay for ASBO, by anatomical location: Not applicable

6.3.1. Length of hospital stay for ASBO, by surgical technique: Not applicable

#### 6.4.1. Sensitivity Analysis of Length of hospital stay for ASBO, impact of individual studies

Study	Point estimate	95% CI
All studies included	7.06	5.92-8.19
Kawamura 2010	7.03	5.89-8.17
Kössi 2004	7.78*	3.59-11.96
Rosin 2000	7.06	5.92-8.20
Shih 2003	7.08	5.92-8.23
Suzuki 2003	7.01	5.87-8.15

\*>10% impact on point estimate

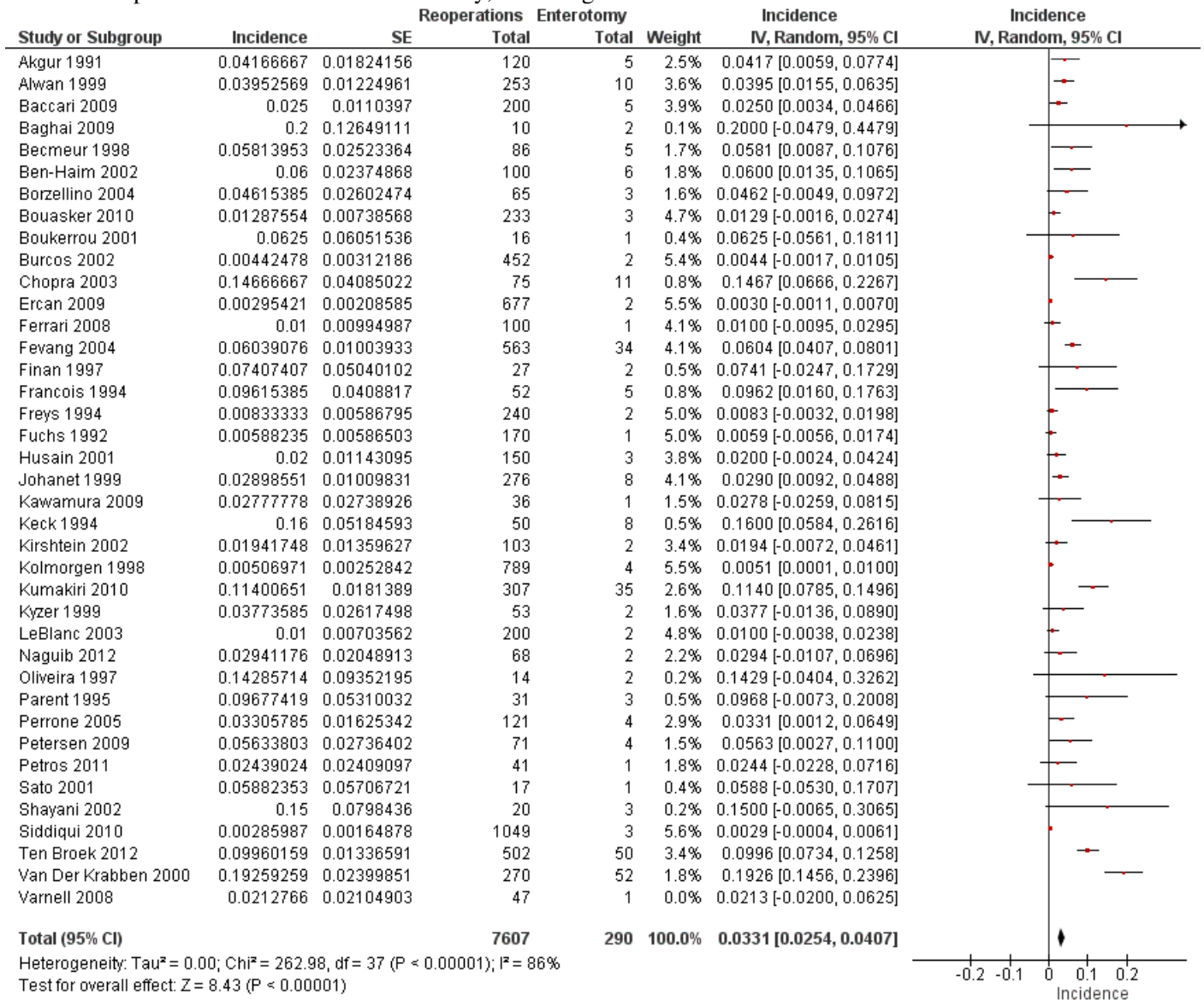


6.5.1. Sensitivity Analysis of Length of hospital stay for ASBO, impact of quality of studies:  
Not applicable, All studies in quantitative analysis have intermediate quality

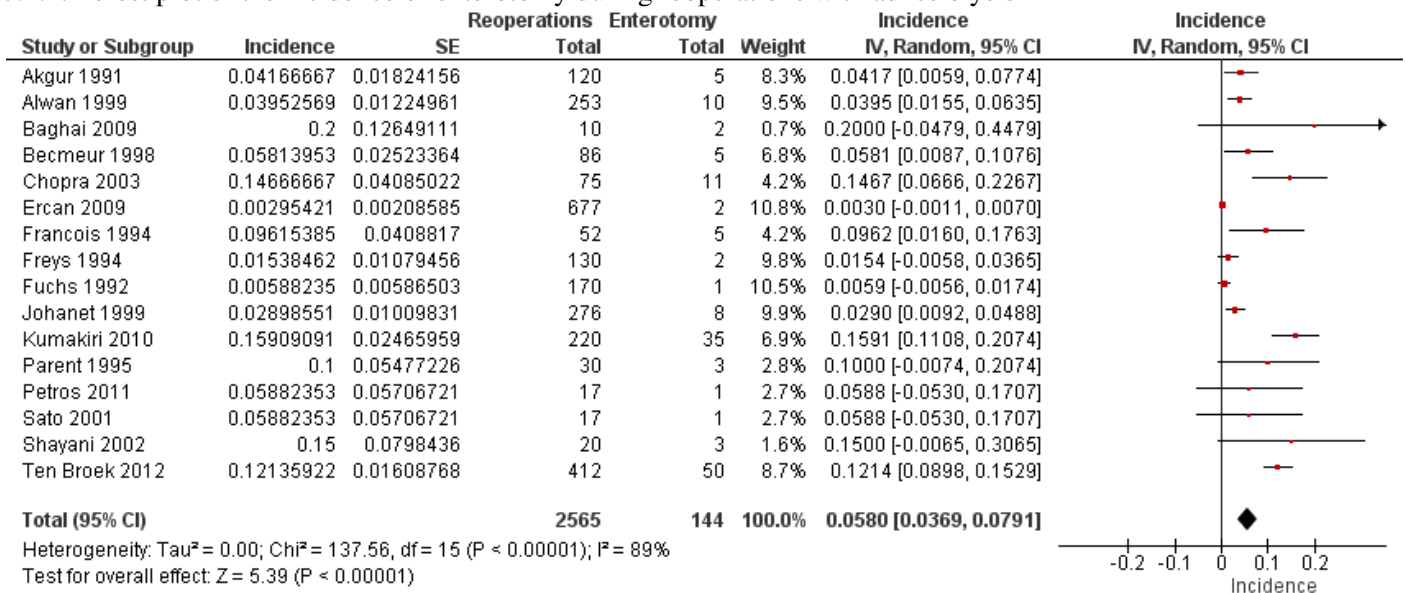
6.6.1. Sensitivity Analysis of Length of hospital stay for ASBO, impact of study design:  
Not applicable, All studies in quantitative analysis retrospective

6.7.1. Sensitivity Analysis for Length of hospital stay for ASBO, impact of date of publication:  
Not applicable, All studies in quantitative analysis published in the year 2000 or later

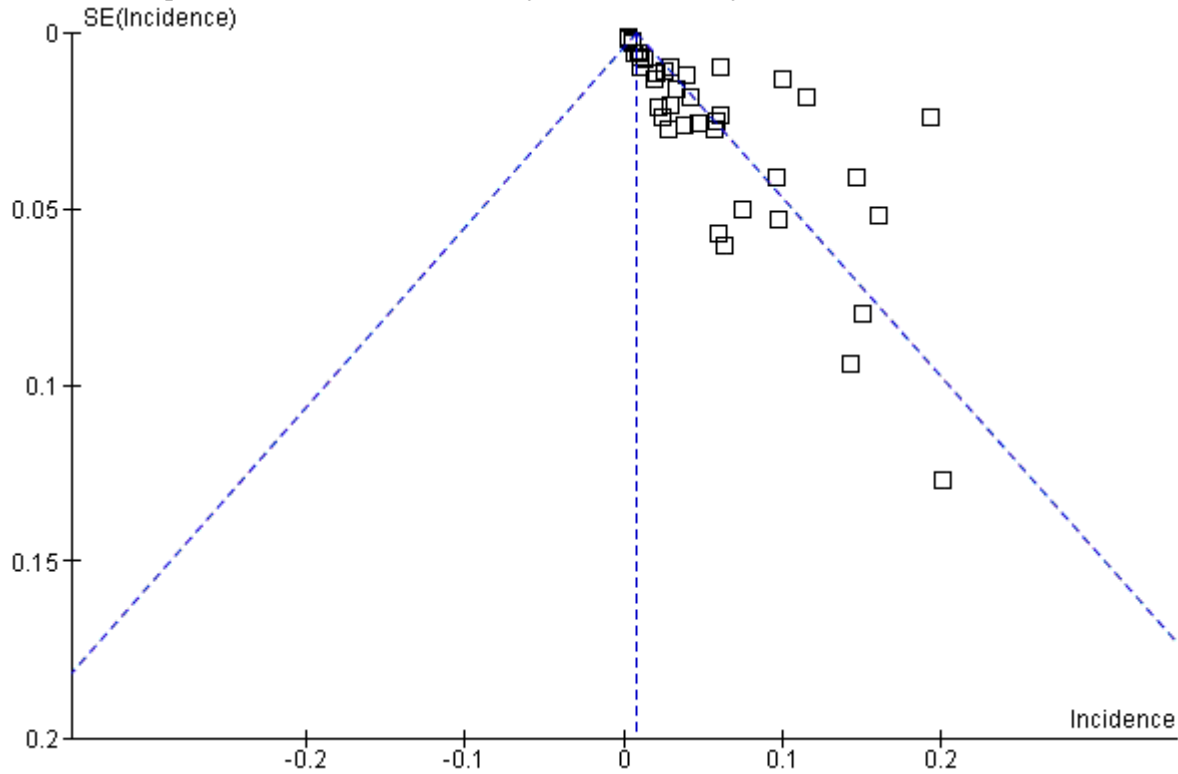
### 7.1.1. Forest plot of the incidence of enterotomy, including all studies



### 7.1.2. Forest plot of the incidence of enterotomy during reoperations with adhesiolysis

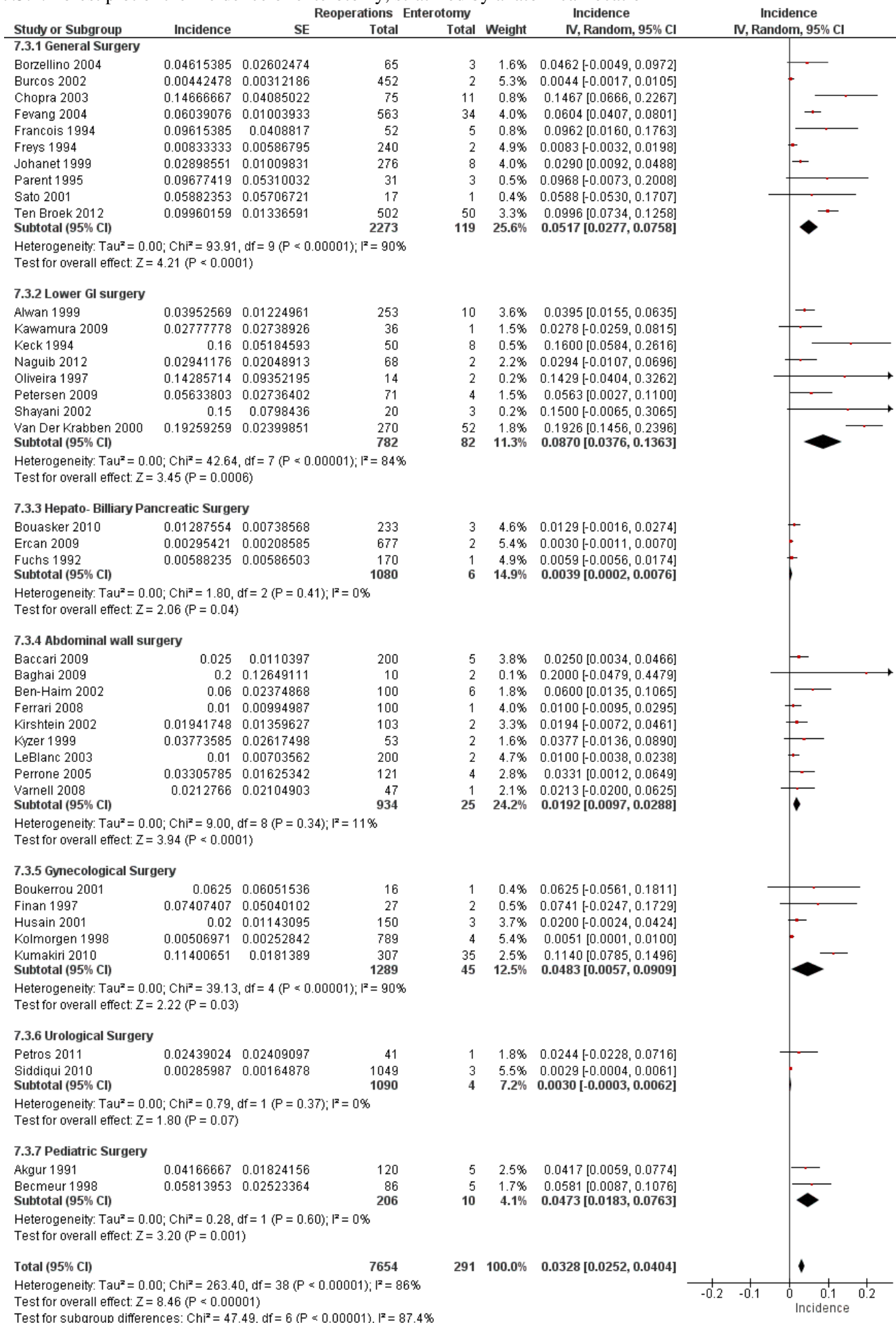


7.1.3. Funnel plot of studies included in analysis of enterotomy

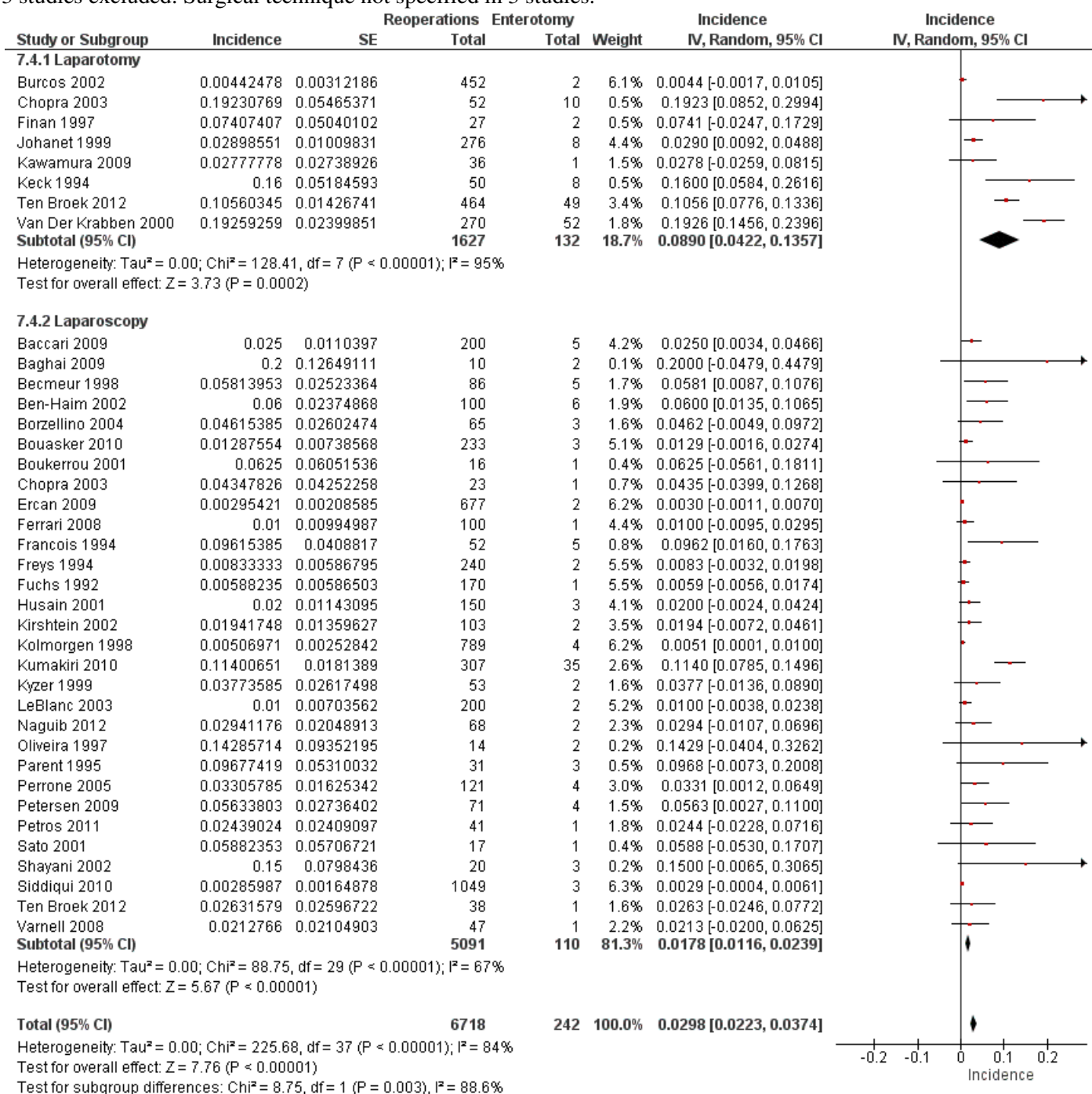


7.2.1. Best and worst case scenario for the incidence of enterotomy:  
Not applicable, no loss to follow-up for this outcome

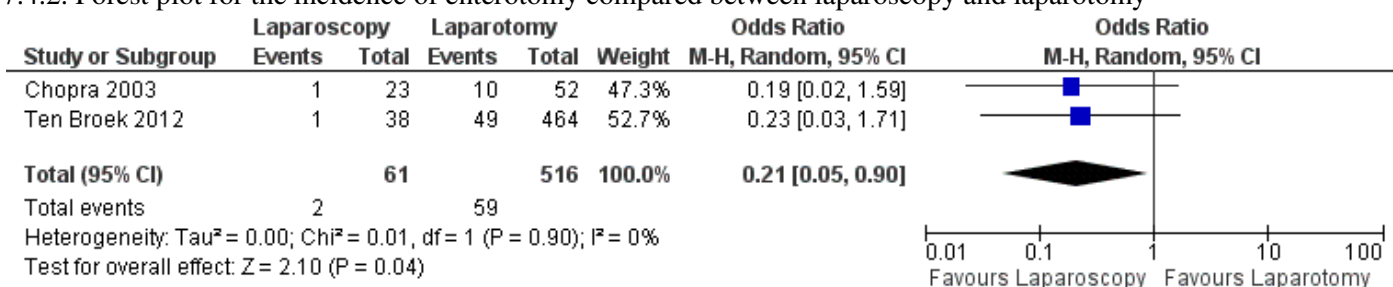
### 7.3.1. Forest plot of the incidence of enterotomy, stratified by anatomical location



#### 7.4.1. Forest plot of the incidence of enterotomy, stratified by surgical technique 3 studies excluded. Surgical technique not specified in 3 studies.



#### 7.4.2. Forest plot for the incidence of enterotomy compared between laparoscopy and laparotomy



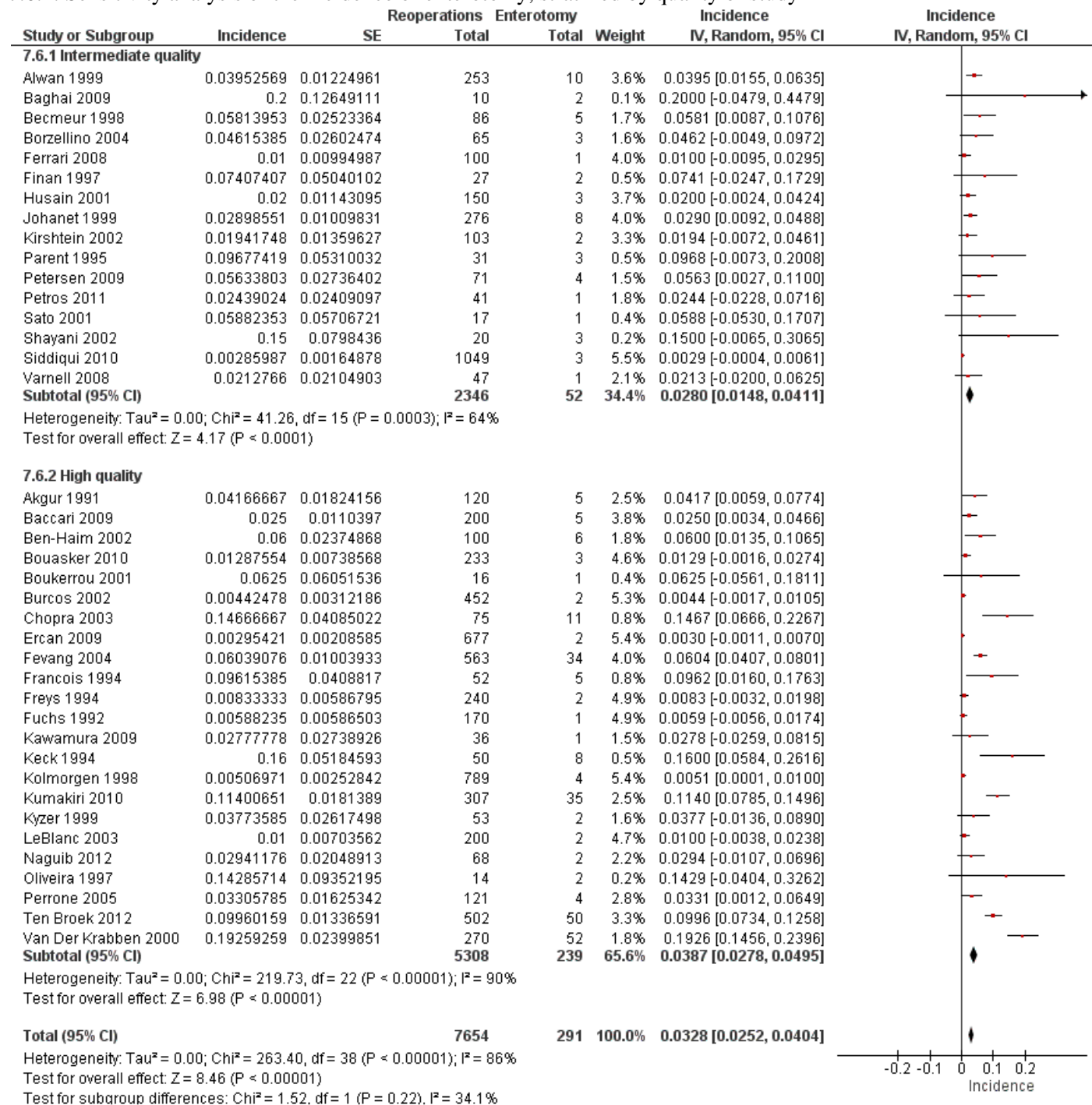
### 7.5.1. Sensitivity analysis of the incidence of enterotomy, impact of individual studies

Study	Point estimate	95%CI
All studies included	0.0328	0.0252-0.0404
Akgur 1991	0.0325	0.0248-0.0402
Alwan 1999	0.0324	0.0247-0.0401
Baccari 2009	0.0331	0.0254-0.0409
Baghai 2009	0.0326	0.0250-0.0402
Becmeur 1998	0.0323	0.0246-0.0399
Ben-Haim 2002	0.0322	0.0246-0.0398
Borzellino 2004	0.0325	0.0249-0.0402
Bouasker 2010	0.0339	0.0261-0.0418
Boukerrou 2001	0.0327	0.0251-0.0403
Burcos 2002	0.0353	0.0272-0.0435
Chopra 2003	0.0316	0.0241-0.0391
Ercan 2009	0.0364	0.0278-0.0450
Ferrari 2008	0.0339	0.0261-0.0417
Fevang 2004	0.0308	0.0233-0.0383
Finan 1997	0.0325	0.0249-0.0401
Francois 1994	0.0322	0.0246-0.0397
Freys 1994	0.0343	0.0264-0.0422
Fuchs 1992	0.0345	0.0266-0.0424
Husain 2001	0.0333	0.0256-0.0411
Johanet 1999	0.0329	0.0252-0.0407
Kawamura 2009	0.0329	0.0252-0.0405
Keck 1994	0.0319	0.0244-0.0394
Kirshtein 2002	0.0333	0.0255-0.0410
Kolmorgen 1998	0.0358	0.0274-0.0442
Kumakiri 2010	0.0297	0.0224-0.0370
Kyzer 1999	0.0327	0.0250-0.0403
LeBlanc 2003	0.0341	0.0263-0.0420
Naguib 2012	0.0329	0.0252-0.0405
Oliveira 1997	0.0326	0.0250-0.0401
Parent 1995	0.0324	0.0248-0.0400
Perrone 2005	0.0328	0.0251-0.0404
Petersen 2009	0.0324	0.0247-0.0400
Petros 2011	0.0330	0.0253-0.0406
Sato 2001	0.0327	0.0251-0.0403
Shayani 2002	0.0324	0.0249-0.0400
Siddiqui 2010	0.0369	0.0281-0.0457
Ten Broek 2012	0.0289*	0.0218-0.0361
Van Der Krabben 2000	0.0281*	0.0212-0.0351
Varnell 2008	0.0331	0.0254-0.0407

\*>10% impact on point estimate



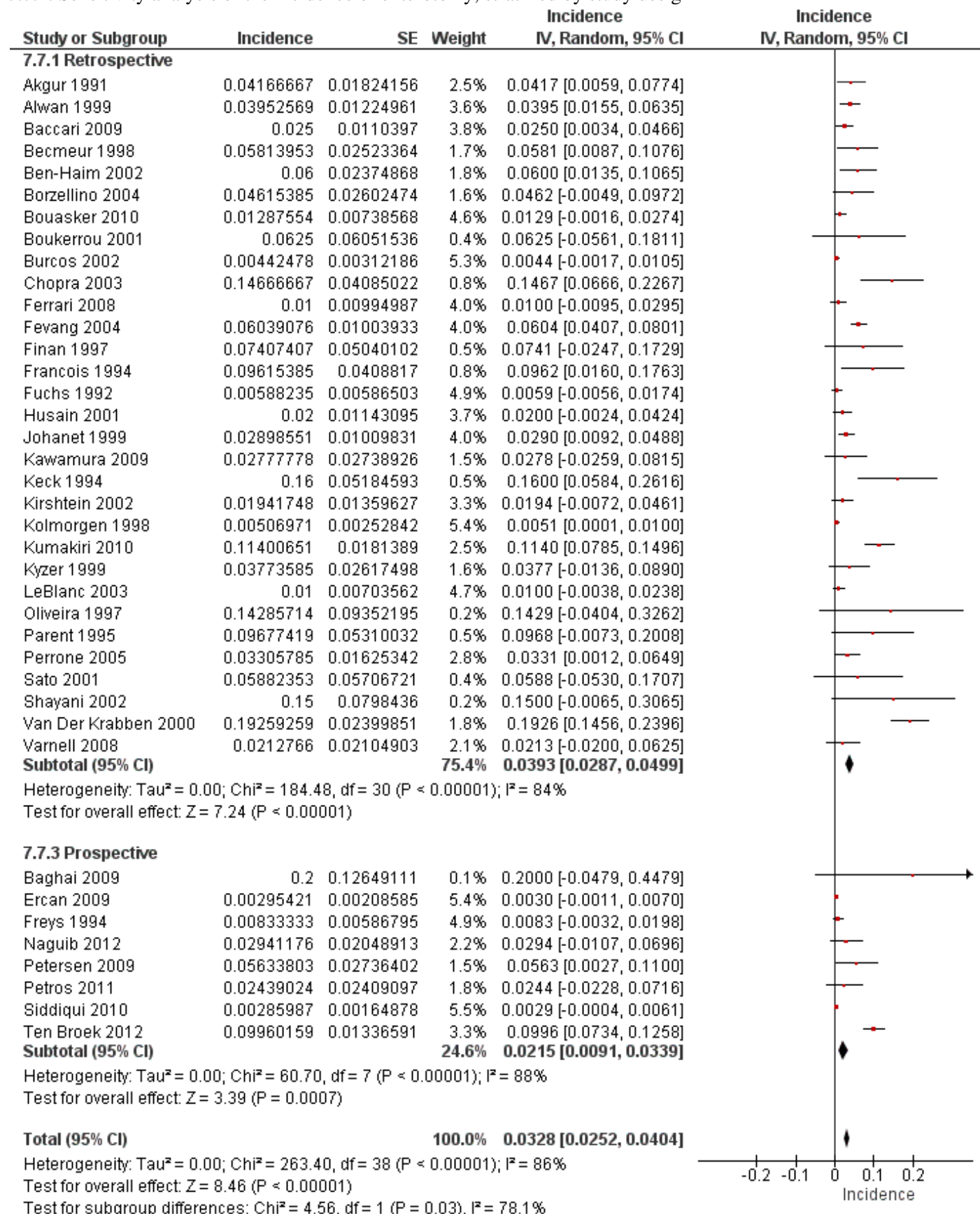
### 7.6.1. Sensitivity analysis of the incidence of enterotomy, stratified by quality of study



### 7.6.2. Table of sensitivity analysis of the incidence of enterotomy, impact of quality of studies

Study	Point estimate	95%CI
All available studies	0.0328	0.0252-0.0404
Low Quality studies only	NA	NA
Intermediate Quality studies only	0.0280	0.0148-0.0411
High studies only	0.0387	0.0278-0.0495

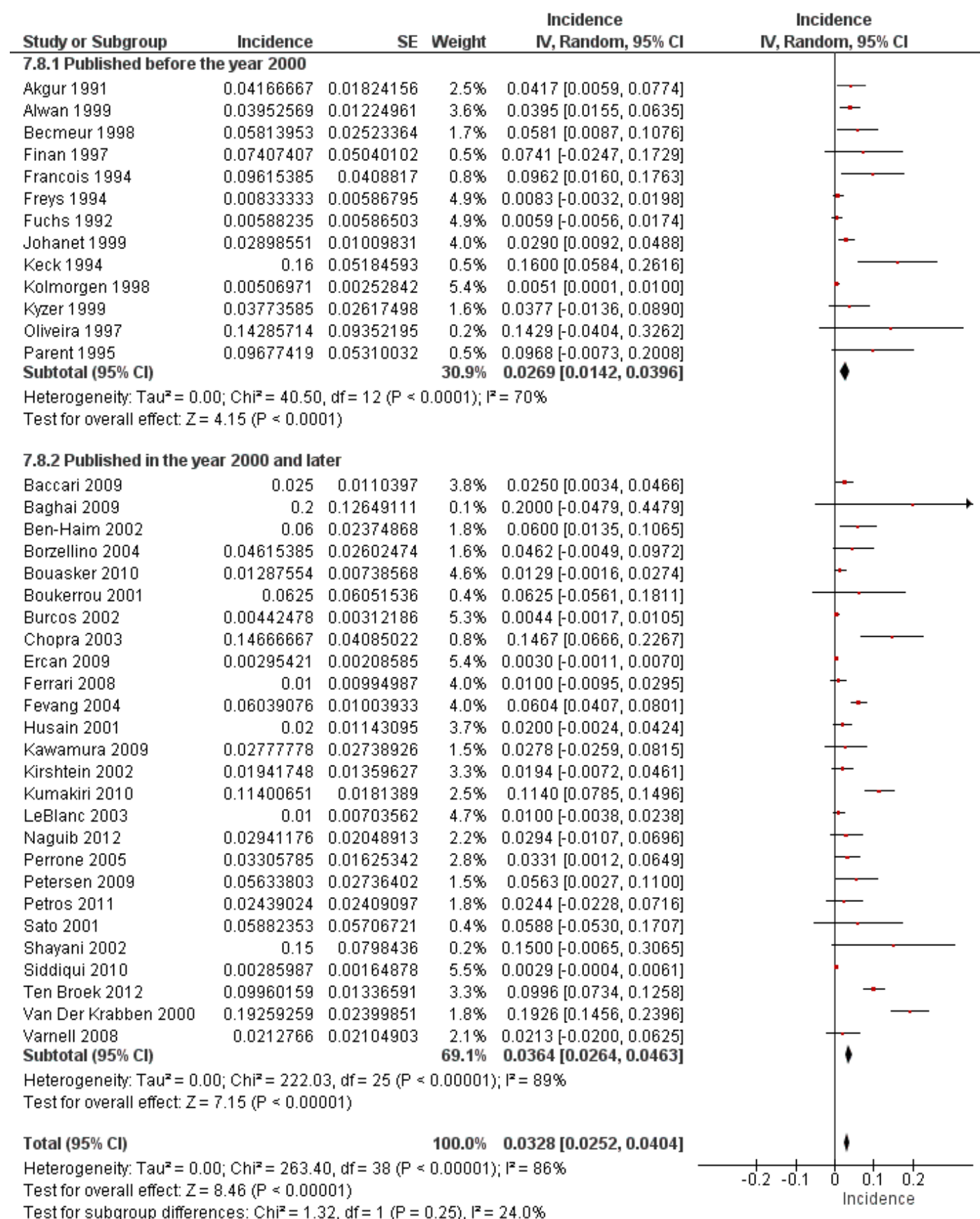
### 7.7.1. Sensitivity analysis of the incidence of enterotomy, stratified by study design



### 7.7.2. Table of sensitivity analysis of the incidence of enterotomy, impact of study design

Study	Point estimate	95%CI
All available studies	0.0328	0.0252-0.0404
Retrospective studies only	0.0393	0.0287-0.0499
Prospective studies only	0.0215	0.0091-0.0339

### 7.8.1. Sensitivity analysis of the incidence of enterotomy, stratified by publication date



### 7.8.2. Table of sensitivity analysis of the incidence of enterotomy, impact of publication date

Study	Point estimate	95%CI
All available studies	0.0328	0.0252-0.0404
Studies published before the year 2000	0.0269	0.0142-0.0396
Studies published in the year 2000 and later	0.0364	0.0264-0.0463

### 8.1.1. Table of quantitative analysis of operative time

13 studies included in meta-analysis

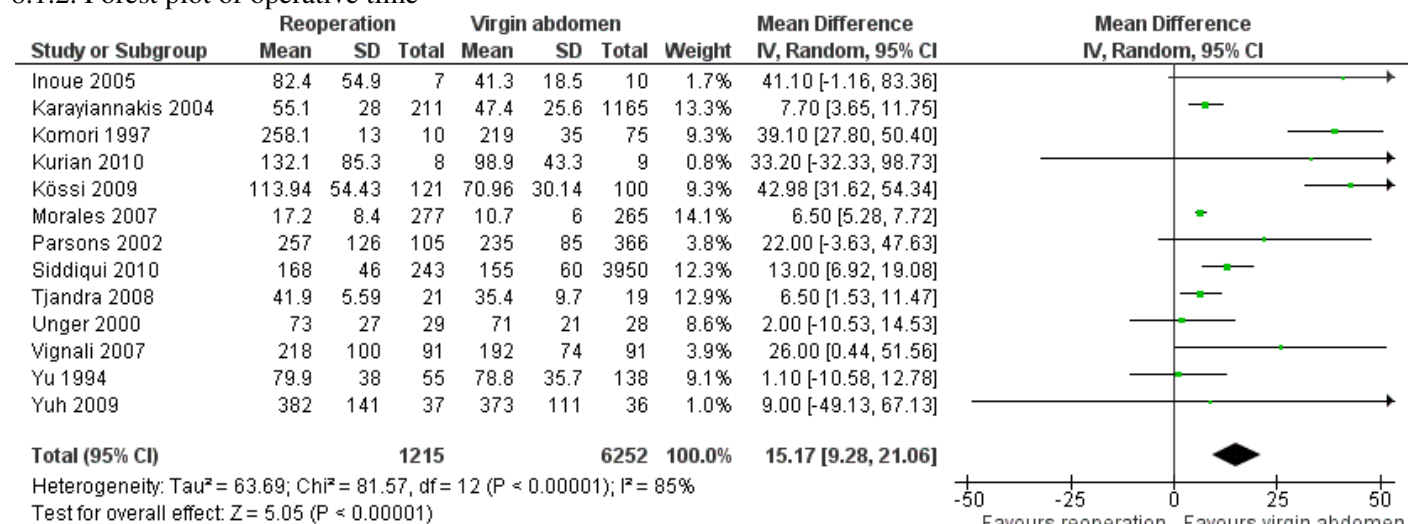
27 in qualitative analysis qualitative analysis

Study	General informtion		Virging abdomen		Reoperation	
	Virgo	Operation	N	time (mean $\pm$ SD)	N	time (mean $\pm$ SD)
Aminsharifi 2011	virgo	urology	50	62.3 (45-190)†	29	98.6 (55-190)†
Boone 2012	virgo	Colorectal	12	94	18	114
Coleman 2000	Virgo	General surgery	53	5 (3-10)*	67	8 (4-39)*
Hamel 2000	virgo	Colorectal	49	148 (70-270)†	36	151 (90-260)†
Inoue 2005	barrier	General surgery	10	41.3 $\pm$ 18.5	7	82.4 $\pm$ 54.9
Karayiannakis 2004	virgo	Cholecystectomy	1165	47.4 $\pm$ 25.6	211	55.1 $\pm$ 28
Kawamura 2009	barrier	Lower GI	18	106.9	18	120.6
Komori 1997	virgo	Aorta surgery	75	219 $\pm$ 35	10	258.1 $\pm$ 13
Kössi 2009	barrier	Colorectal	9	98.9 $\pm$ 43.3	8	132.1 $\pm$ 85.3
Kurian 2010	virgo	Abdominal wall	100	71.0 $\pm$ 30.1	121	113.9 $\pm$ 54.4
Kusunoki 2005	barrier	Colorectal	30	95 (65-140)*	29	105 (65-175)†
Kwok 2004	Virgo	Colorectal	65	123 (95-135)*	26	115 (70-185)*
Morales 2007	Virgo	Caesarean section	265	10.7 $\pm$ 6	277	17.2 $\pm$ 8.4
Naguib 2012	Virgo	Colorectal	113	217 (60-520)	68	233 (114-544)*
Nazemi 2006	Virgo	Urology	21	447 (196-828)*	28	528 (153-922)*
Nozaki 2008	Virgo	Colorectal	100	155 (80-337)*	21	175 (75-330)*
Oliveira 1997	Virgo	Lower GI	18	55	14	117
Parsons 2002	Virgo	Urology	366	235 $\pm$ 85	105	257 $\pm$ 126
Pohl 2008	Virgo	Urology	57	116	33	114
Seki 2007	Virgo	Colorectal	43	181	14	197
Siddiqui 2010	Virgo	Urology	3950	155 $\pm$ 60	243	168 $\pm$ 46
Tang 2003	barrier	Lower GI	36	20 (10-65)*	34	20 (10-40)*
Tjandra 2008	barrier	Lower GI	19	35.4 $\pm$ 9.7	21	41.9 $\pm$ 5.6
Unger 2000	Virgo	Cholecystectomy	28	71 $\pm$ 21	29	73 $\pm$ 27
Vignali 2007	Virgo	Colorectal	91	192 $\pm$ 74	91	218 $\pm$ 100
Yu 1994	Virgo	Cholecystectomy	138	78.8 $\pm$ 35.7	55	79.9 $\pm$ 38
Yuh 2009	virgo	Urology	36	373 $\pm$ 111	37	382 $\pm$ 141

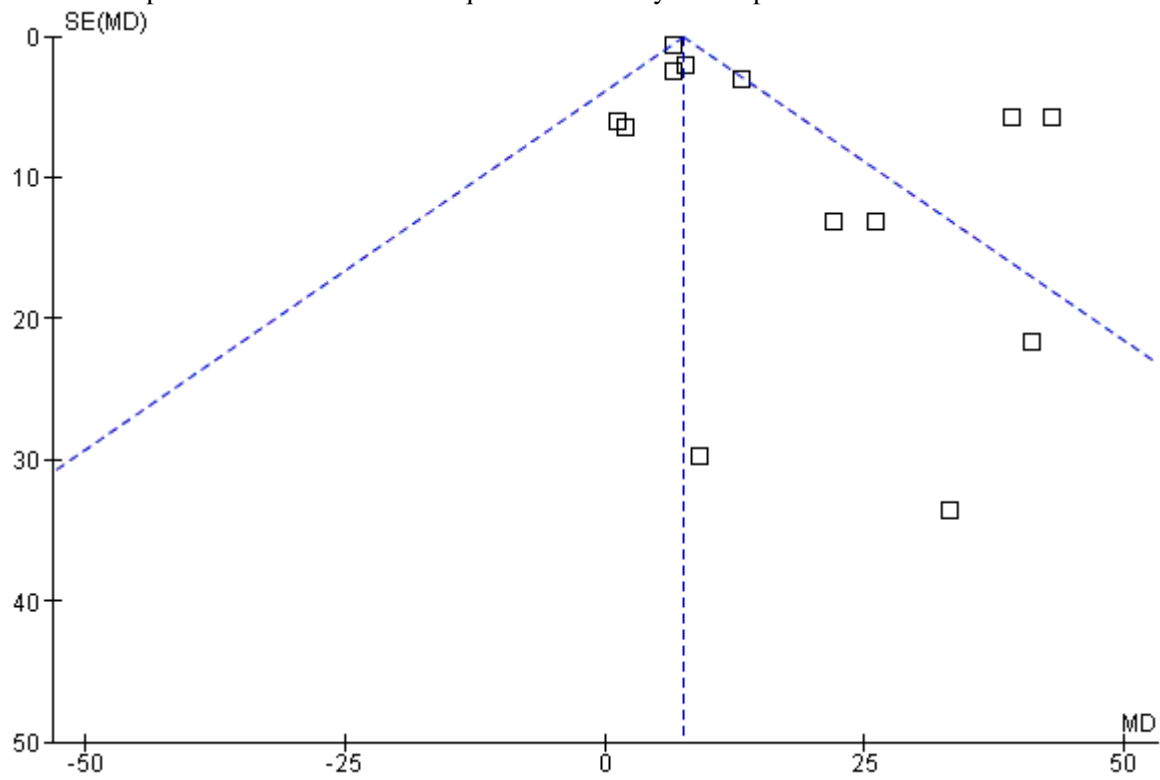
\* median (range)

† mean (range)

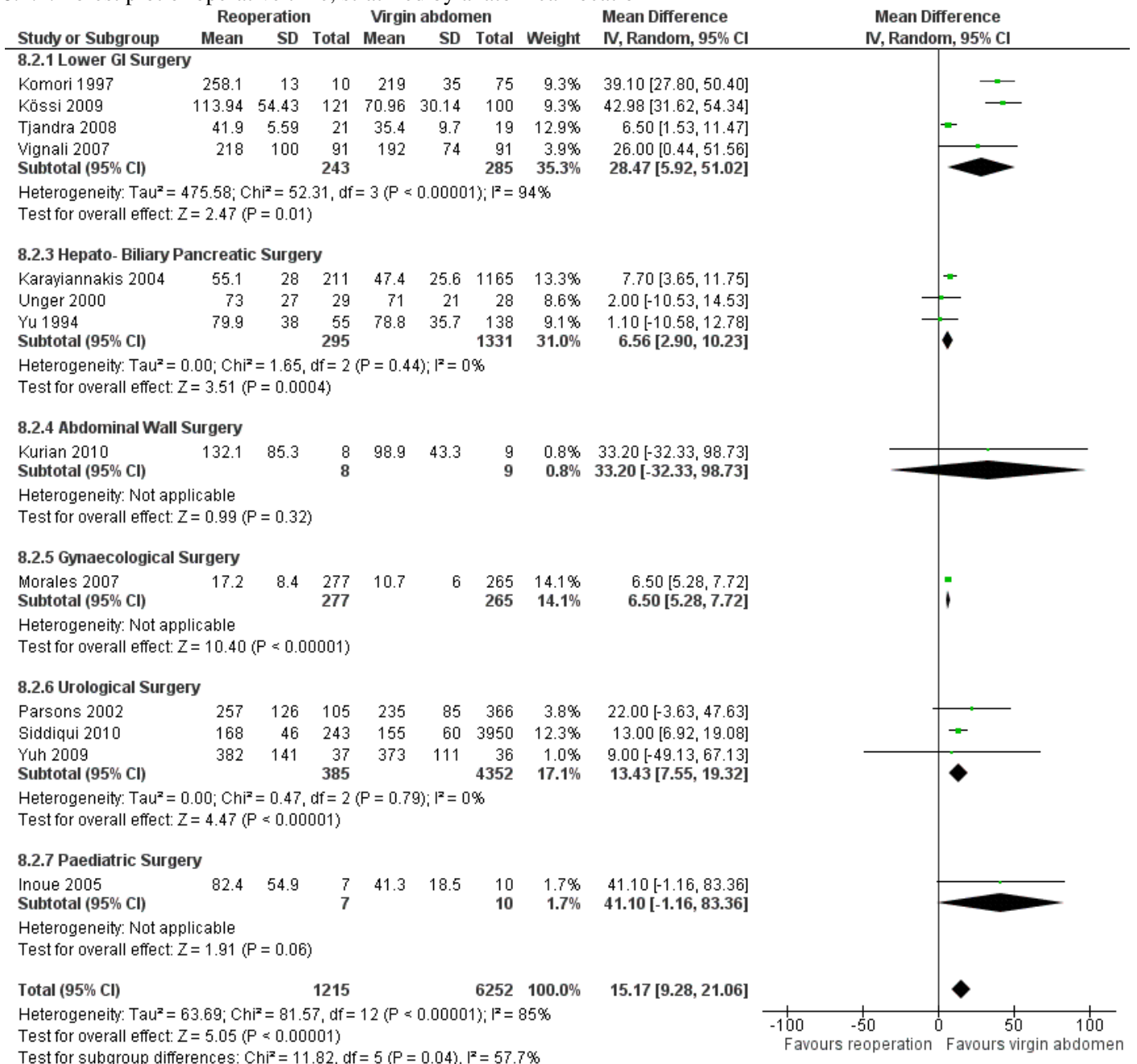
### 8.1.2. Forest plot of operative time



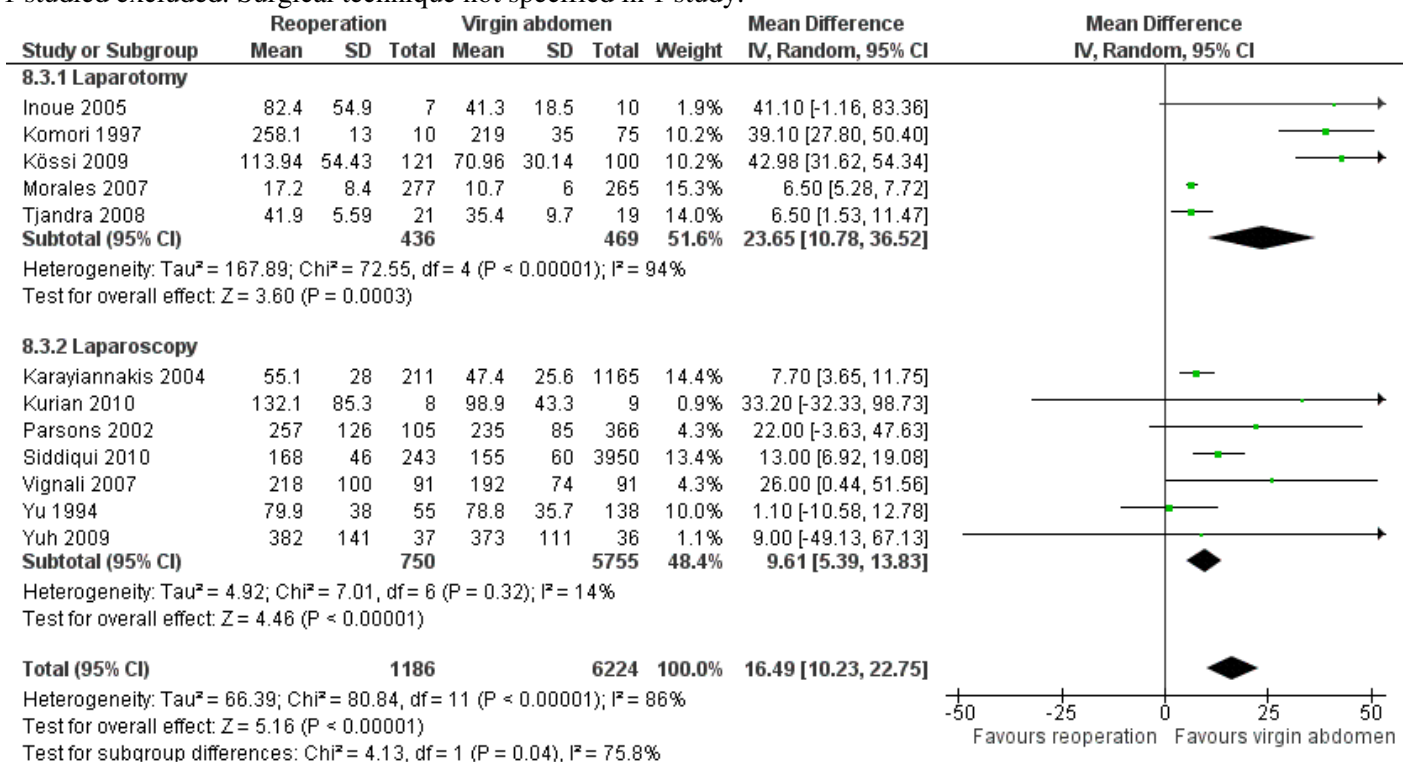
### 8.1.3. Funnel plot of studies included in quantitative analysis of operative time



## 8.2.1. Forest plot of operative time, stratified by anatomical location



### 8.3.1. Forest plot of operative time, stratified by surgical technique 1 studied excluded. Surgical technique not specified in 1 study.



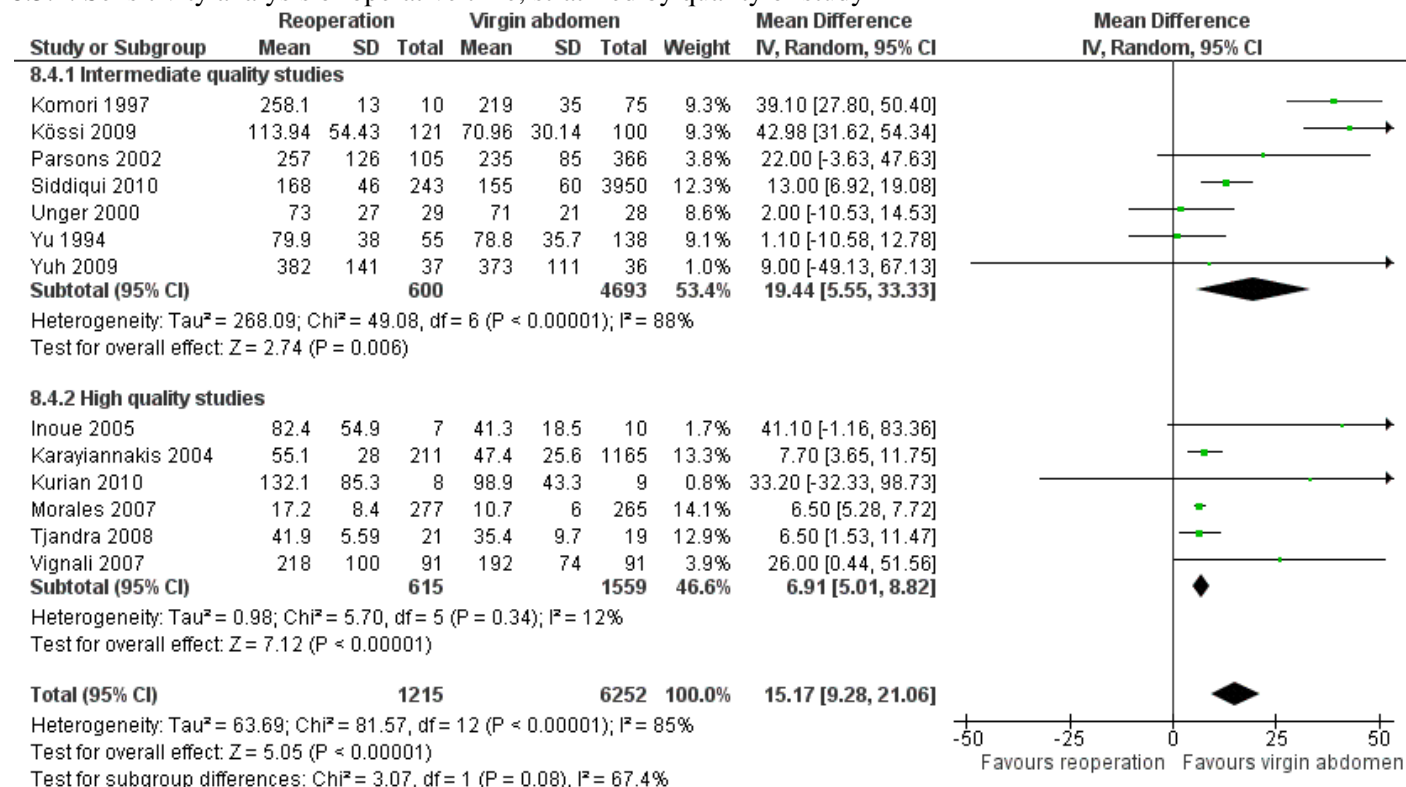


#### 8.4.1. Sensitivity analysis of operative time, impact of individual studies

Study	Pont estimate	95%CI
All studies included	15.17	9.28-21.06
Inoue 2005	14.70	8.80-20.60
Karayiannakis 2004	16.94*	9.50-24.38
Komori 1997	12.01*	6.87-17.14
Kurian 2010	15.04	9.11-20.97
Kössi 2009	11.38*	6.61-16.15
Morales 2007	17.43*	9.32-25.54
Parsons 2002	14.90	8.89-20.92
Siddiqui 2010	15.70	9.09-22.31
Tjandra 2008	16.85*	9.87-23.83
Unger 2000	16.49	10.23-22.75
Vignali 2007	14.73*	8.73-20.72
Yu 1994	16.65	10.38-22.93
Yuh 2009	15.25	9.30-21.21

\* >10% effect on point estimate

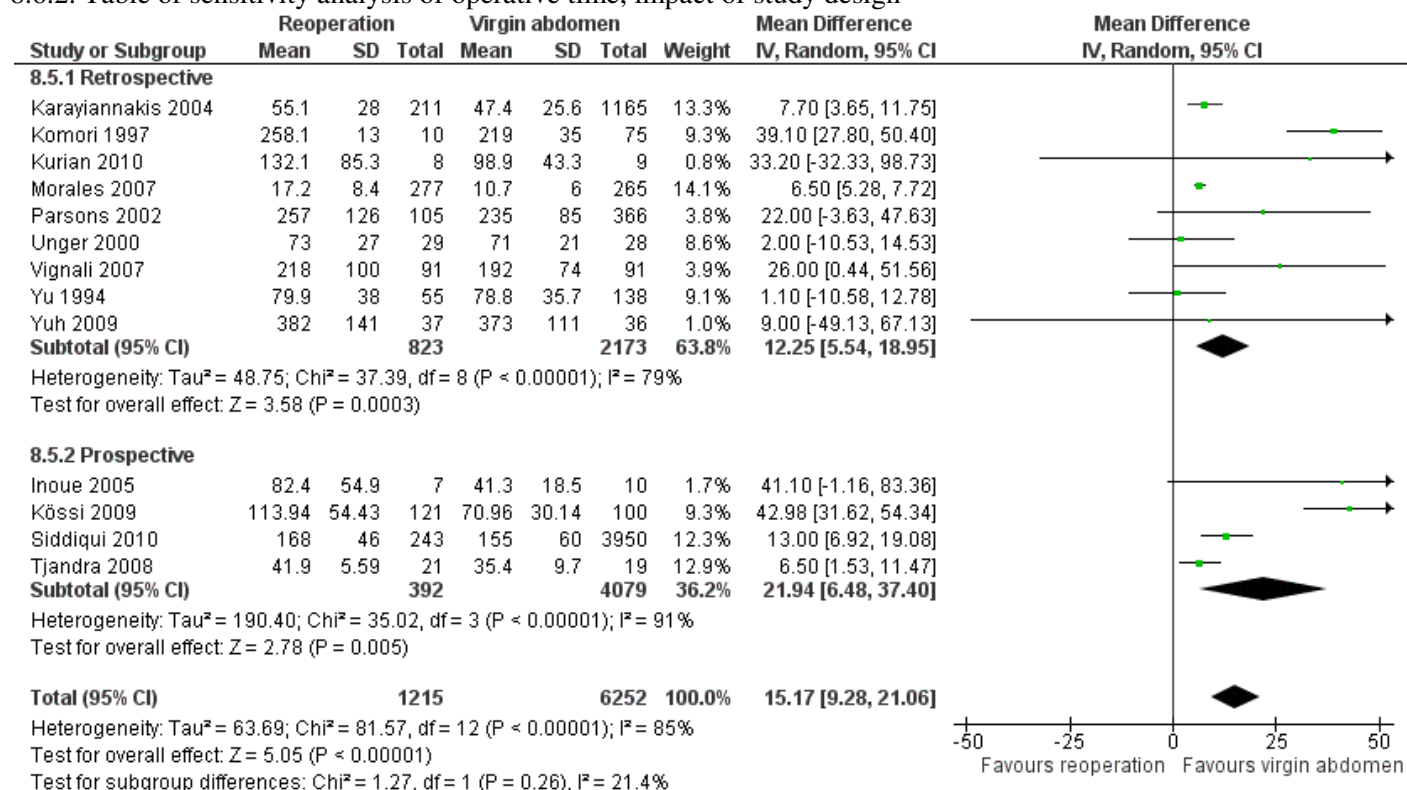
### 8.5.1. Sensitivity analysis of operative time, stratified by quality of study



### 8.5.2. Table of sensitivity analysis of operative time, impact of quality of studies

Study	Point estimate	95%CI
All available studies	15.17	9.28-21.06
Low Quality studies only	NA	NA
Intermediate Quality studies only	19.44	5.55-33.33
High studies only	6.91	5.01-8.82

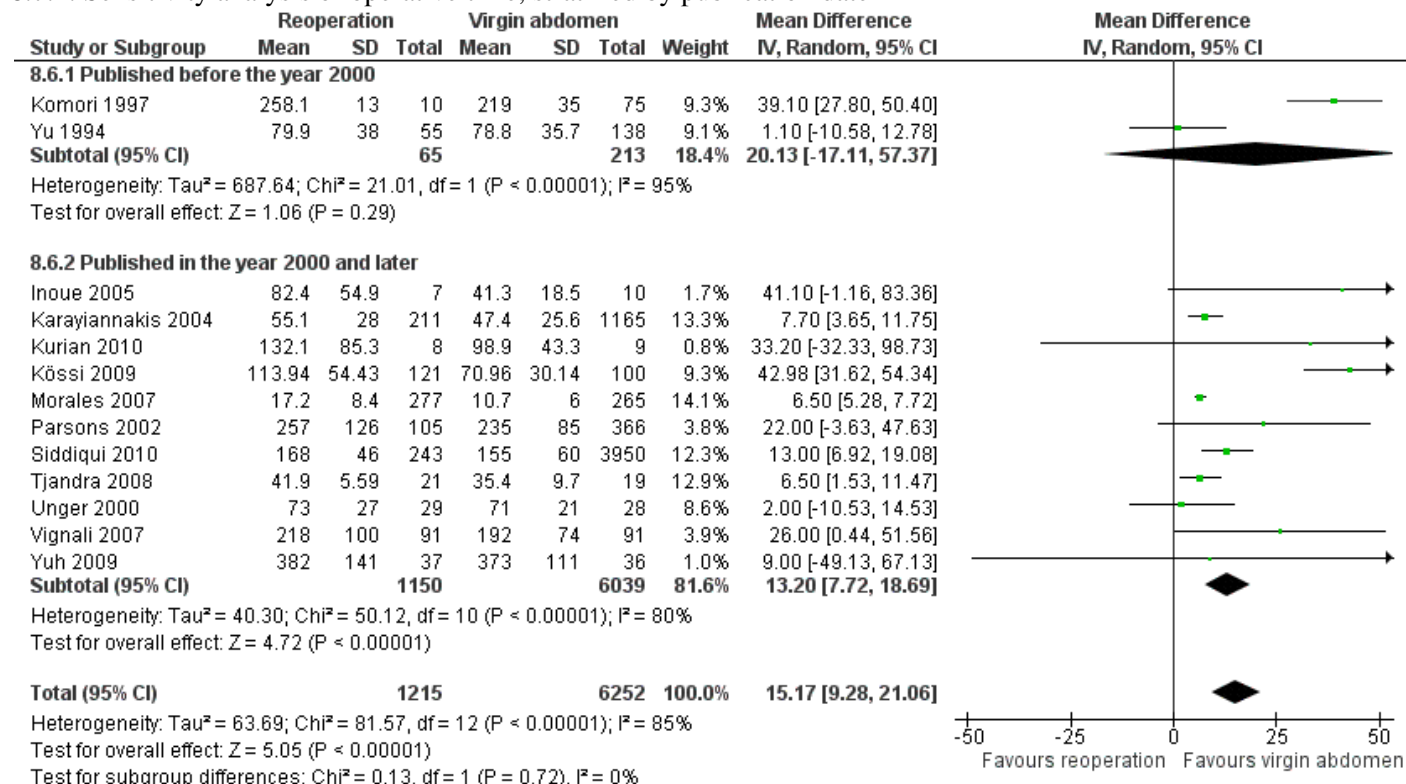
### 8.6.2. Table of sensitivity analysis of operative time, impact of study design



### 8.6.2. Table of sensitivity analysis of operative time, impact of study design

Study	Point estimate	95%CI
All available studies	15.17	9.28-21.06
Retrospective only	12.25	5.54-18.95
Prospective only	21.94	9.28-21.06

### 8.7.1. Sensitivity analysis of operative time, stratified by publication date



### 8.7.2. Table of sensitivity analysis of operative time, impact of publication date

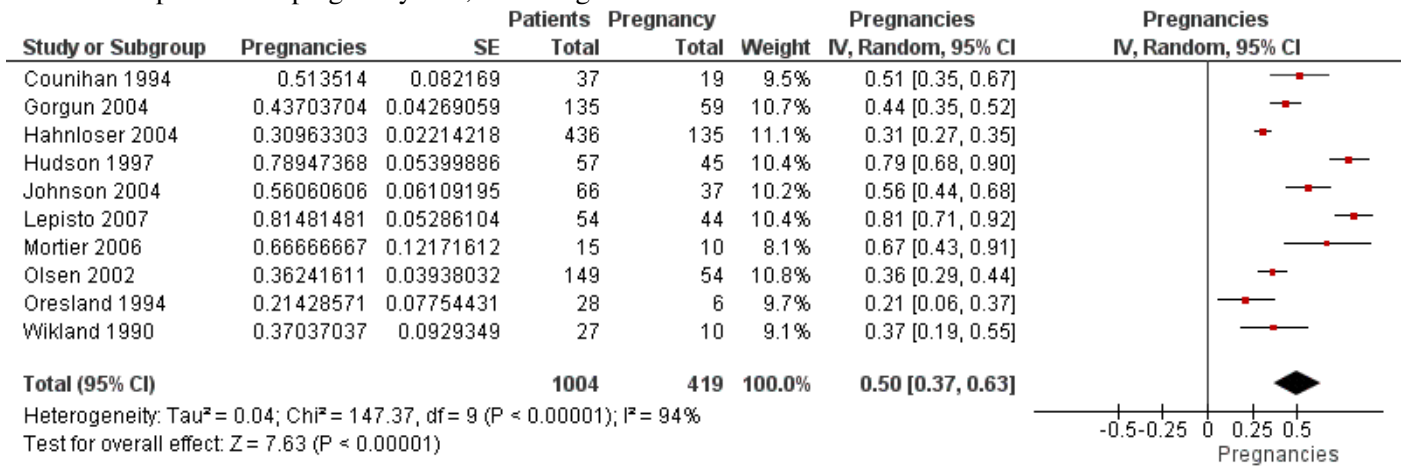
Study	Point estimate	95%CI
All available studies	15.17	9.28-21.06
Studies published before the year 2000	20.13	-17.11-57.37
Studies published in the year 2000 and later	13.20	7.72-18.69

### 9.1.1. Table of pregnancy rates

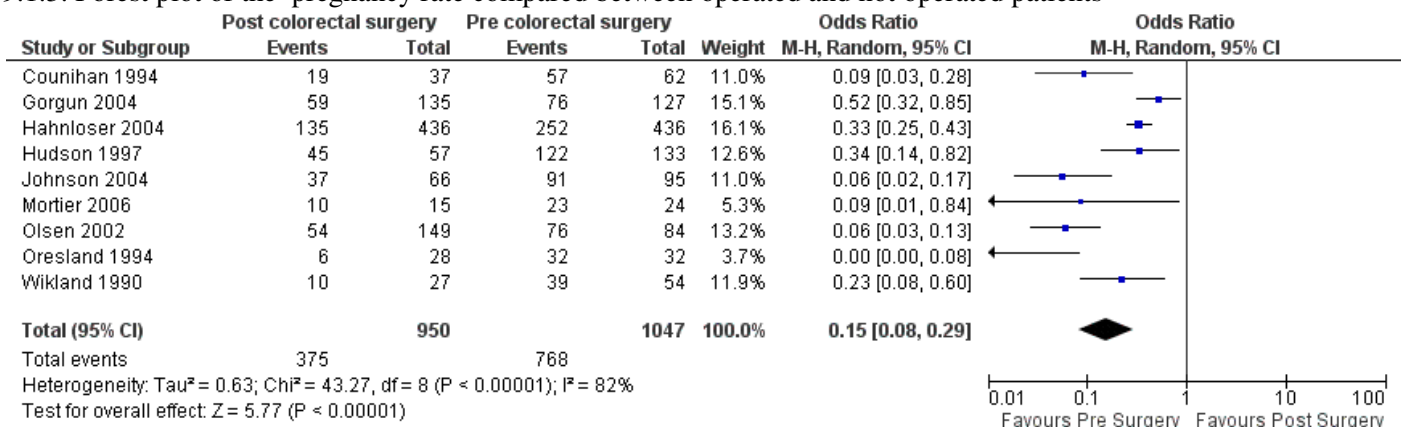
Study	Data collection	N	Respon N	Attempted pregnancy	Length of follow-up	Pregnancies	Reference population
Counihan 1994	Quastionnaire	203	110	37	12	18	Before surgery
Gorgun 2004	Questionnaire	500	300	135	12	59	Before surgery
Hahnloser 2004	Questionnaire	544	436	436*	158±69	135	Before surgery
Hudson 1997	Questionnaire	460	409	57	24	45	Medical treated patients
Johnson 2004	Questionnaire	323	254	66	12	37	Before surgery
Lepisto 2007	Questionnaire	160	138	54	106(13-230)	44	No useful ref.
Mortier 2006	Structured Interview	37	37	15	60	10	Before surgery
Olsen 2002	Structured Interview	343	290	149	60	54	Before surgery
Øresland 1994	Structured Interview	60	60	28	12	6	Before surgery
Wikland 1990	Structured Interview	71	71	27	60	10	Before surgery

\*Fertility for 436 patients before and after surgery number of attempts not adequately described

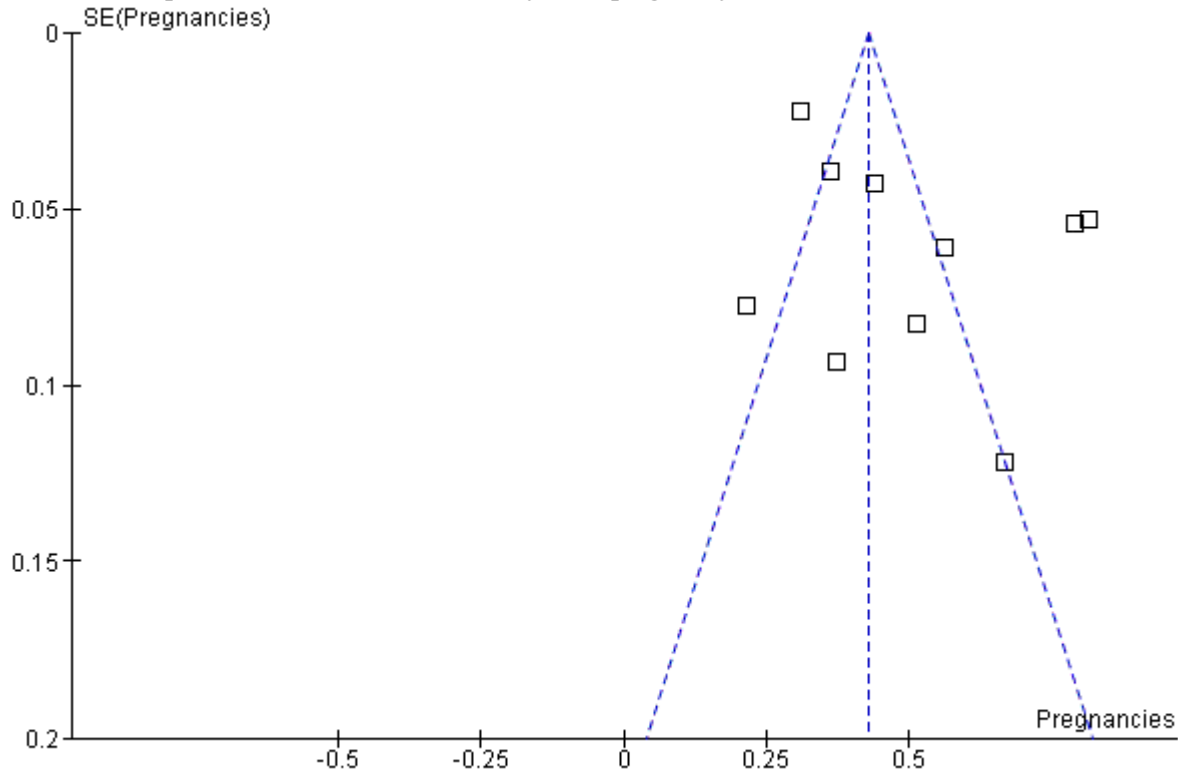
### 9.1.2. Forest plot of the pregnancy rate, including all studies



### 9.1.3. Forest plot of the pregnancy rate compared between operated and not operated patients

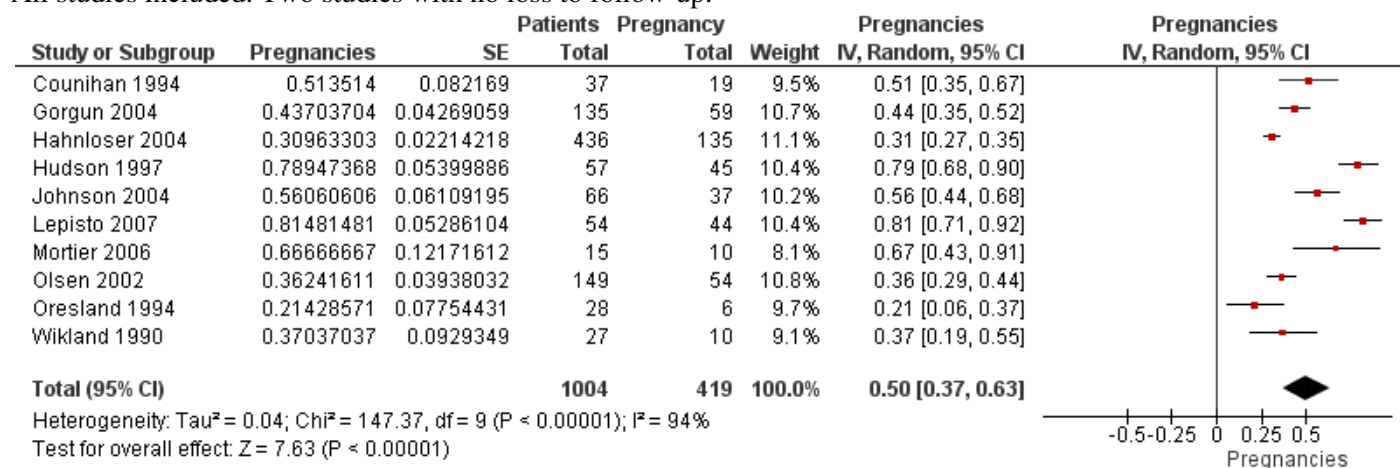


9.1.4. Funnel plot of studies included in analysis of pregnancy rate



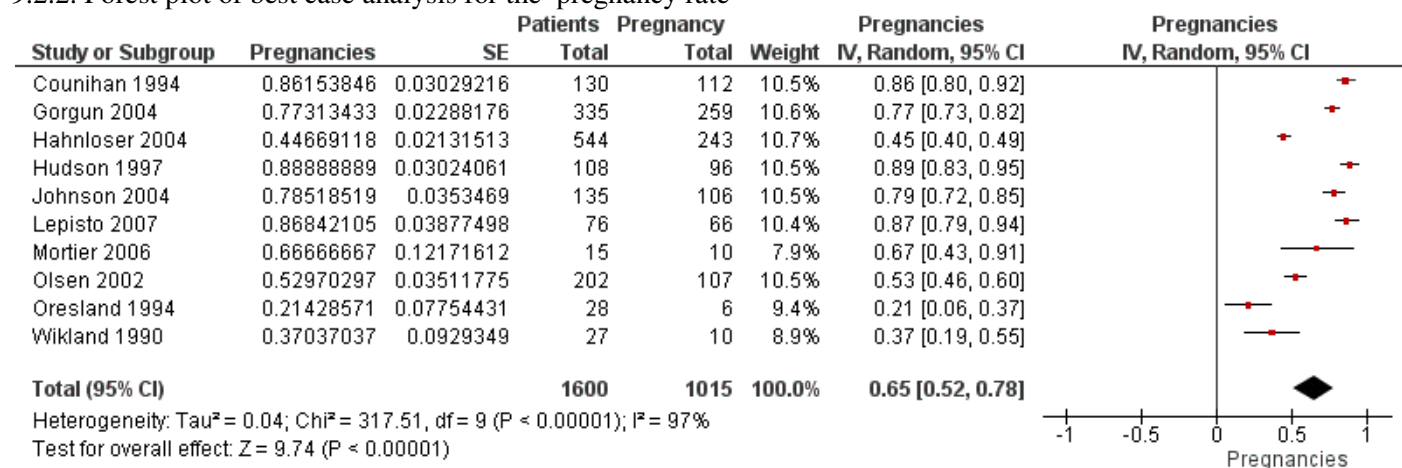
### 9.2.1. Forest plot of analysis for the pregnancy rate in studies with adequate description of follow-up for best and worst case scenario analysis.

All studies included. Two studies with no loss to follow-up.

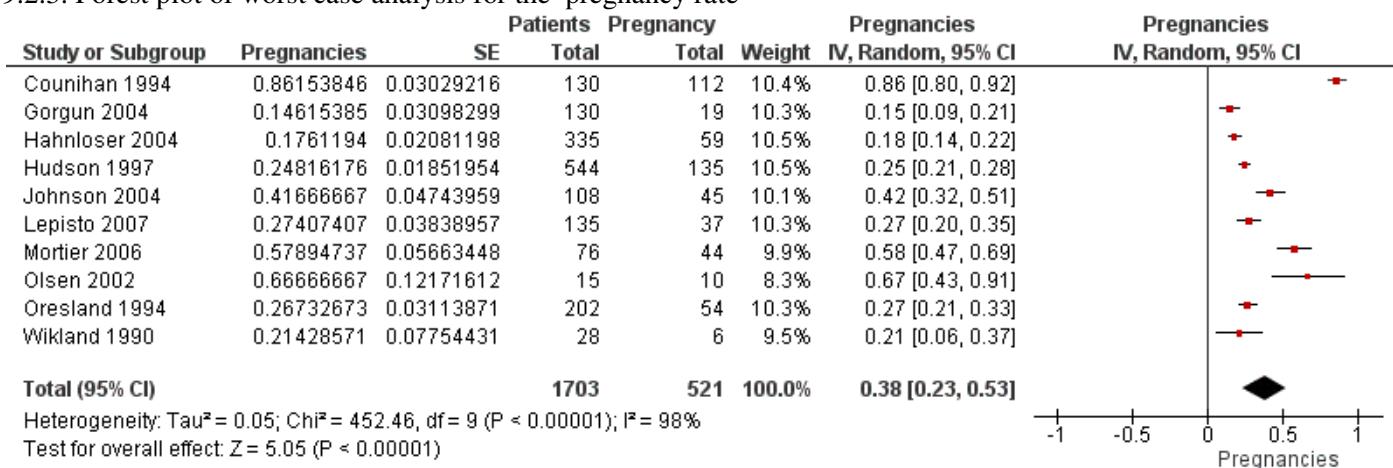




## 9.2.2. Forest plot of best case analysis for the pregnancy rate



### 9.2.3. Forest plot of worst case analysis for the pregnancy rate



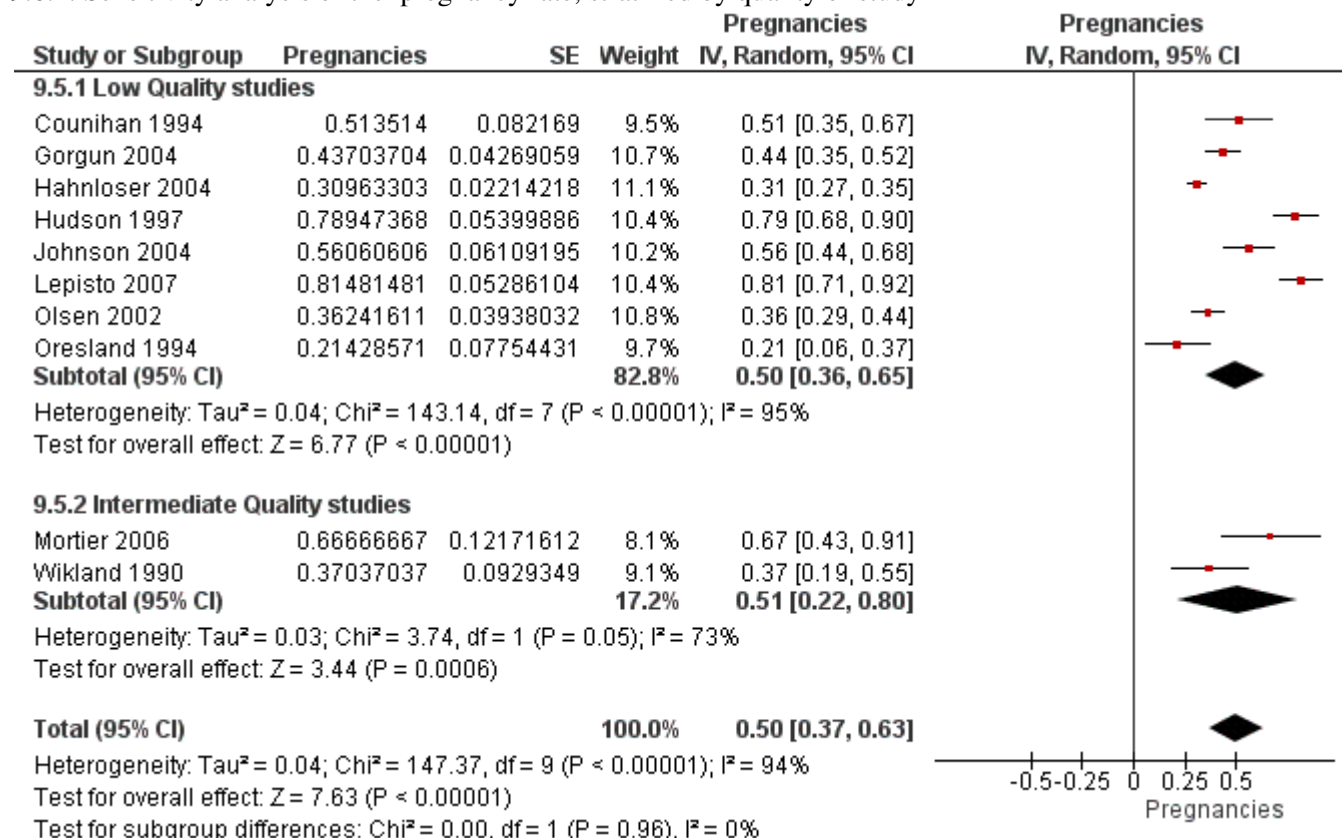
9.3.1. Pregnancy rate, by anatomical location:  
Not applicable, all studies after Lower- GI surgery

9.4.1. Pregnancy rate, by surgical technique:  
Not applicable, all studies after laparotomy

#### 9.5.1. Sensitivity analysis of the pregnancy rate, impact of individual studies

Study	Point estimate	95% CI
All studies included	0.50	0.37-0.63
Counihan 1994	0.50	0.36-0.64
Gorgun 2004	0.51	0.36-0.60
Hahnloser 2004	0.53	0.39-0.66
Hudson 1997	0.47	0.35-0.59
Johnson 2004	0.50	0.36-0.64
Lepisto 2007	0.46	0.35-0.58
Mortier 2006	0.49	0.35-0.62
Olsen 2002	0.52	0.37-0.67
Oresland 1994	0.53	0.40-0.67
Wikland 1990	0.52	0.38-0.65

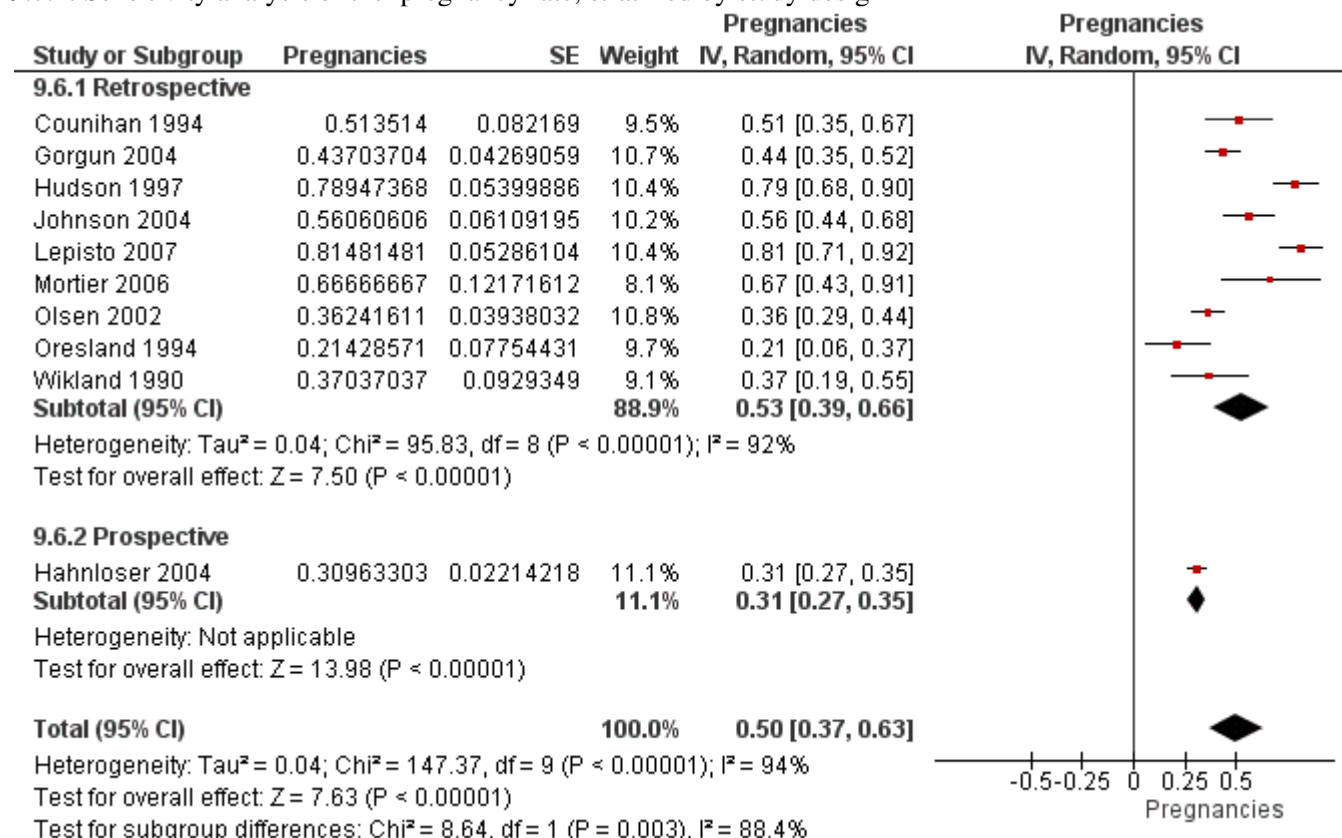
### 9.6.1. Sensitivity analysis of the pregnancy rate, stratified by quality of study



### 9.6.2. Table of sensitivity analysis of the pregnancy rate, impact of quality of studies

Study	Point estimate	95% CI
All studies included	0.50	0.37-0.63
Low Quality studies only	0.50	0.36-0.65
Intermediate Quality studies only	0.51	0.22-0.80
High Quality studies only	NA	NA

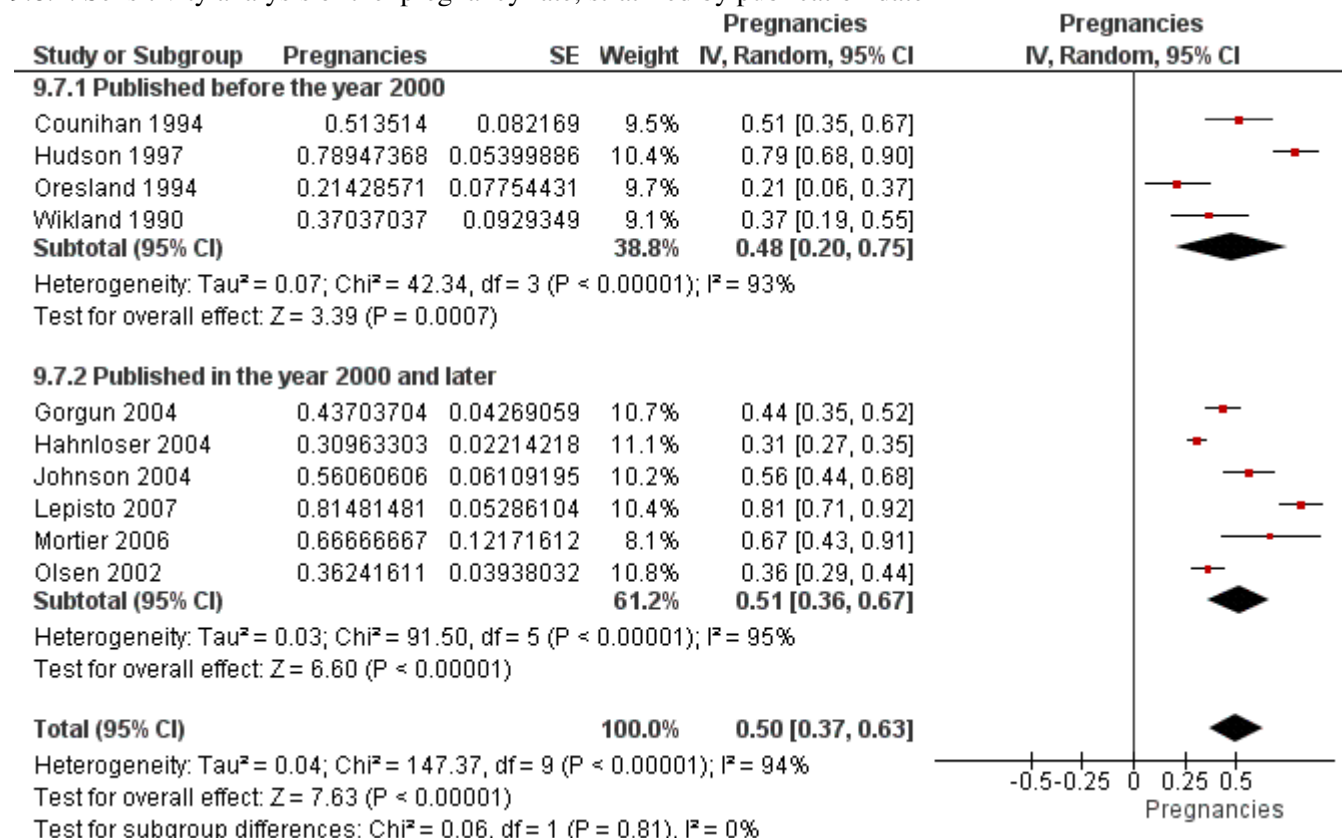
### 9.7.1. Sensitivity analysis of the pregnancy rate, stratified by study design



### 9.7.2. Table of sensitivity analysis of the pregnancy rate, impact of study design

Study	Point estimate	95% CI
All studies included	0.50	0.37-0.63
Retrospective studies only	0.53	0.39-0.66
Prospective studies only	0.31	0.27-0.35

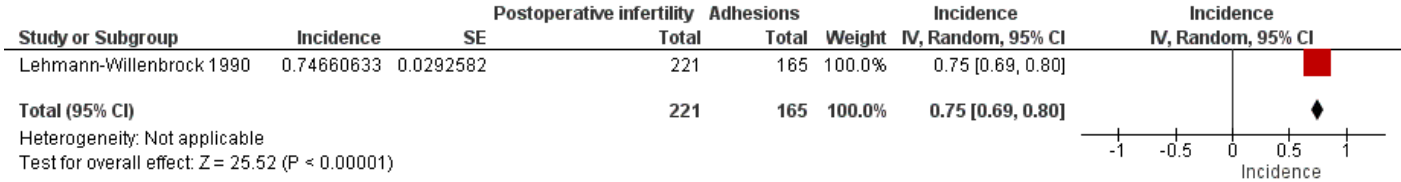
### 9.8.1. Sensitivity analysis of the pregnancy rate, stratified by publication date



### 9.8.2. Table of sensitivity analysis of the pregnancy rate, impact of publication date

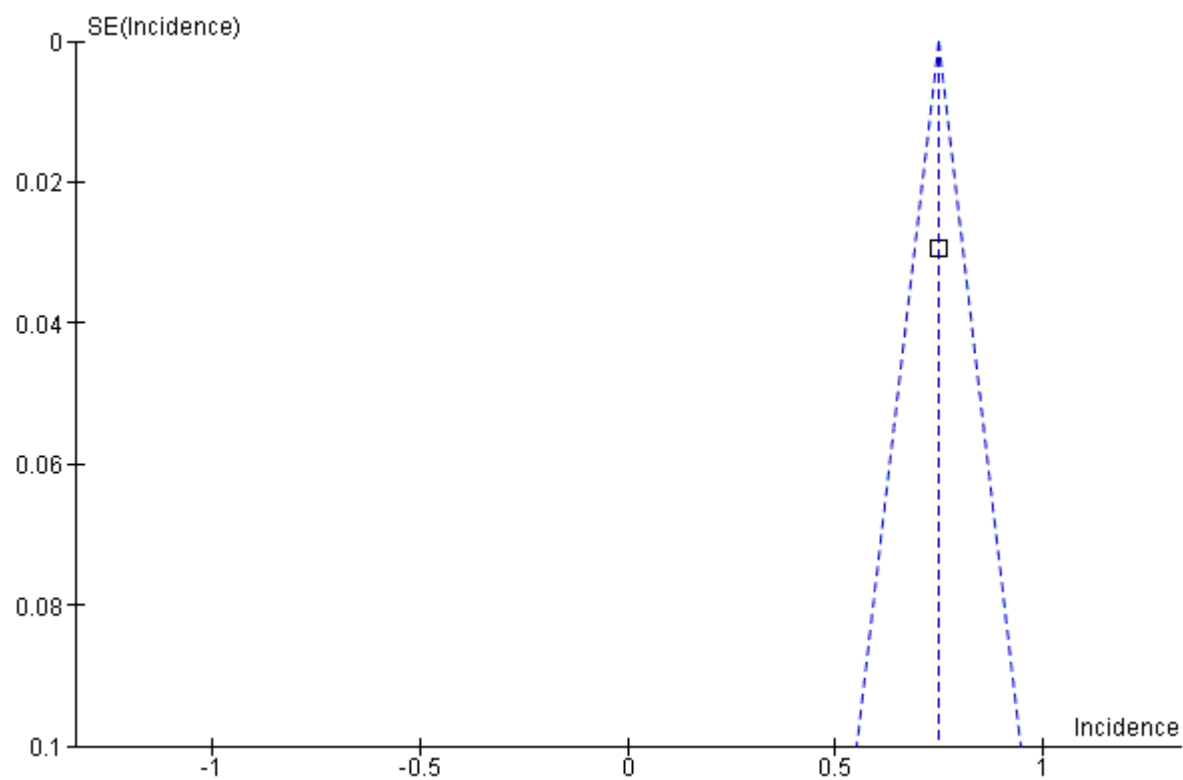
Study	Point estimate	95% CI
All studies included	0.50	0.37-0.63
Studies published before the year 2000 only	0.48	0.20-0.75
Studies published in the year 2000 and later only	0.51	0.36-0.67

10.1.1. Forest plot of the cross sectional incidence of adhesions in patients with postoperative infertility, including all studies





10.1.2. 10.1.2. Funnel plot of studies included in analysis of incidence of adhesions in patients with postoperative infertility



10.2.1 incidence of adhesions in patients with postoperative infertility, by anatomical location:  
Not applicable, all studies lower GI surgery (appendectomy)

10.3.1. incidence of adhesions in patients with postoperative infertility, by surgical technique  
Not applicable, surgical technique not specified in 1 study.

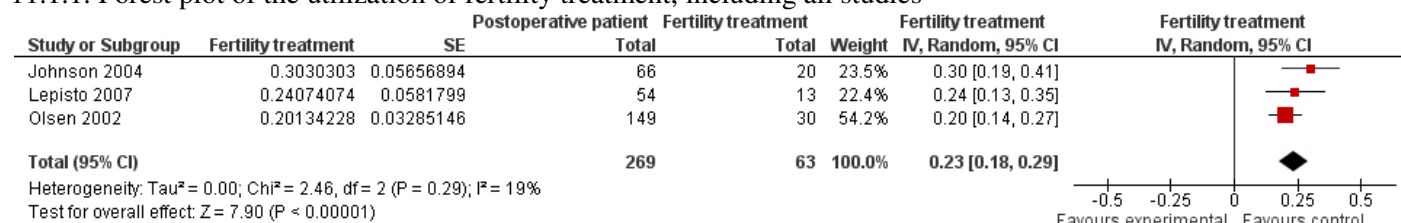
10.4.1. Sensitivity analysis of the cross-sectional incidence of ASBO, impact of individual studies  
Not applicable, only 1 study in analysis

10.5.1. Sensitivity analysis of incidence of adhesions in patients with postoperative infertility, impact of quality of study  
Not applicable, all studies intermediate quality

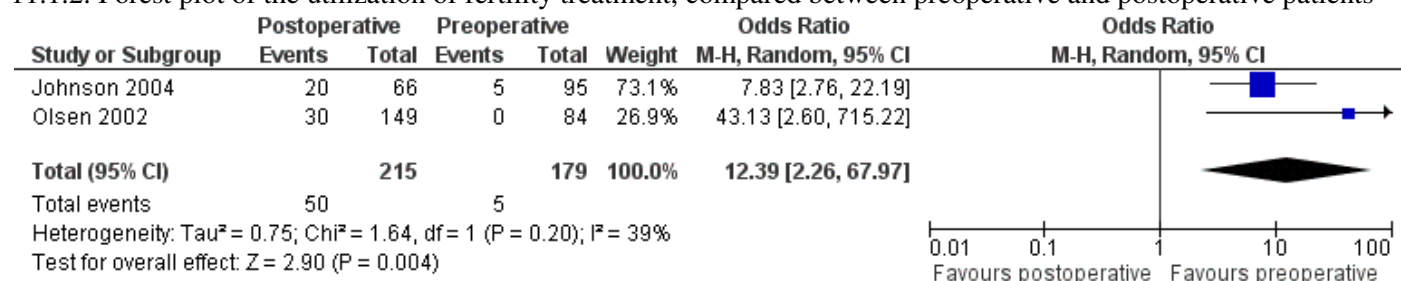
10.6.1. Sensitivity analysis of incidence of adhesions in patients with postoperative infertility, impact of study design  
Not applicable, all studies retrospective

10.7.1. Sensitivity analysis of incidence of adhesions in patients with postoperative infertility, impact of publication date  
Not applicable, all studies published before the year 2000

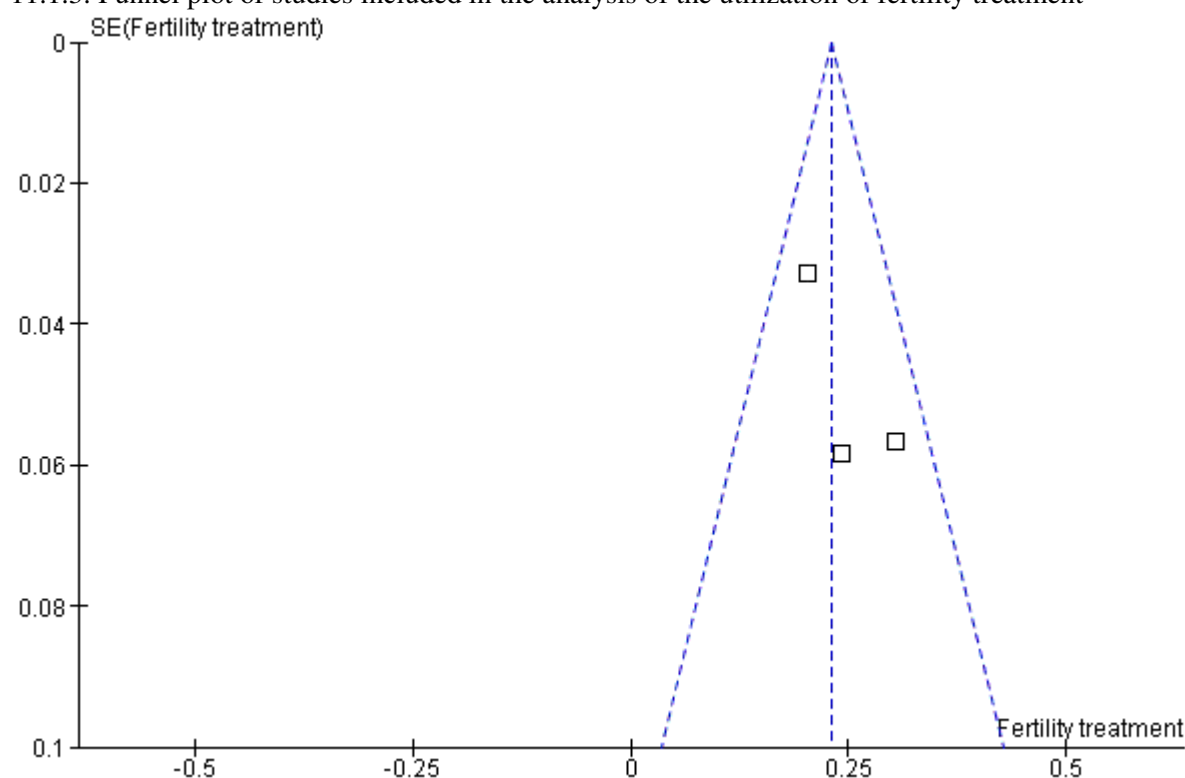
### 11.1.1. Forest plot of the utilization of fertility treatment, including all studies



### 11.1.2. Forest plot of the utilization of fertility treatment, compared between preoperative and postoperative patients



### 11.1.3. Funnel plot of studies included in the analysis of the utilization of fertility treatment



11.2.1. Utilization of fertility treatment, by anatomical location  
Not applicable. All studies in Lower GI Surgery

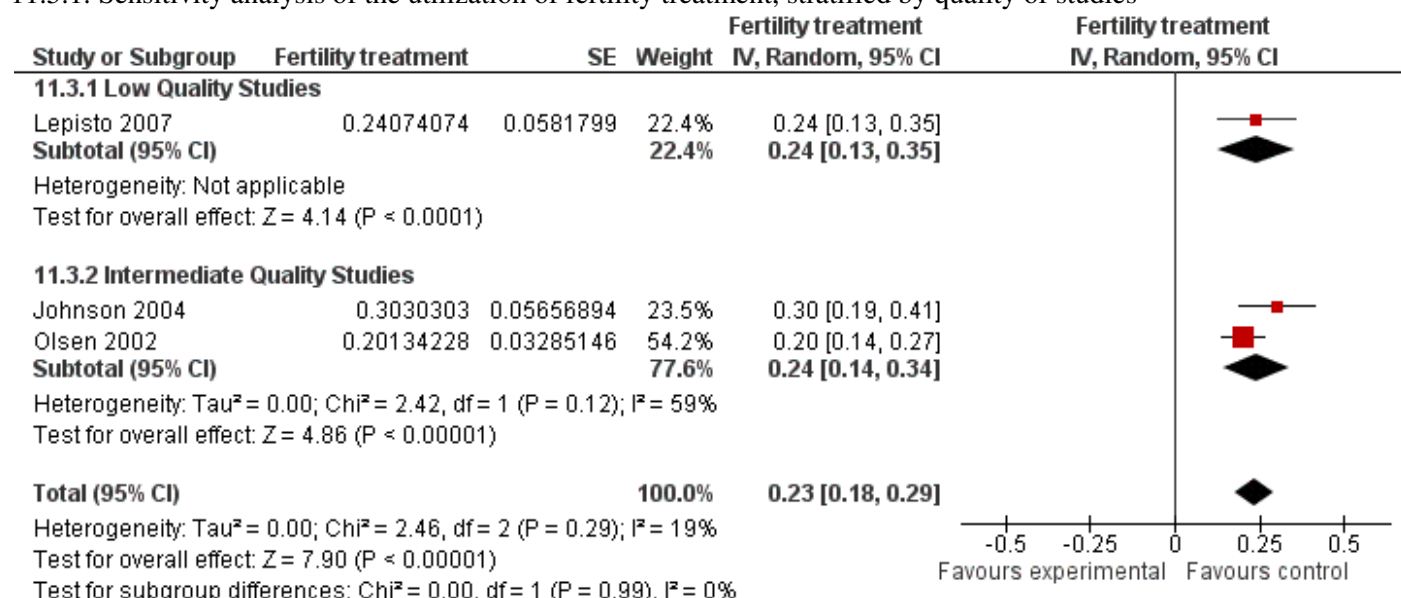
11.3.1. Utilization of fertility treatment, by surgical technique  
Not applicable. All studies in laparotomy.

#### 11.4.1. Sensitivity analysis of the utilization of fertility treatment, impact of individual studies

Study	Point estimate	95% CI
All studies included	0.23	0.18-0.29
Johnson 2004	0.21	0.15-0.27
Lepisto 2007	0.24	0.14-0.34
Olsen 2002	0.27*	0.19-0.35

\*> 10% impact on point estimate

### 11.5.1. Sensitivity analysis of the utilization of fertility treatment, stratified by quality of studies



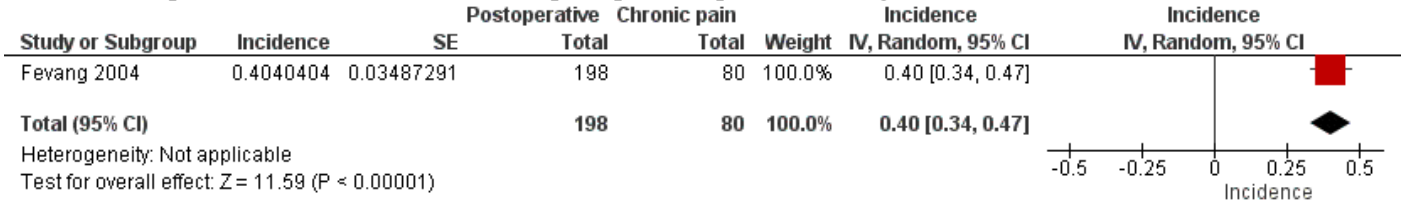
### 11.5.2. Table of sensitivity analysis of the utilization of fertility treatment, impact of quality of studies

Study	Point estimate	95% CI
All studies included	0.23	0.18-0.29
Low Quality Studies only	0.24	0.13-0.35
Intermediate Quality Studies only	0.24	0.14-0.34
High Quality Studies only	NA	NA

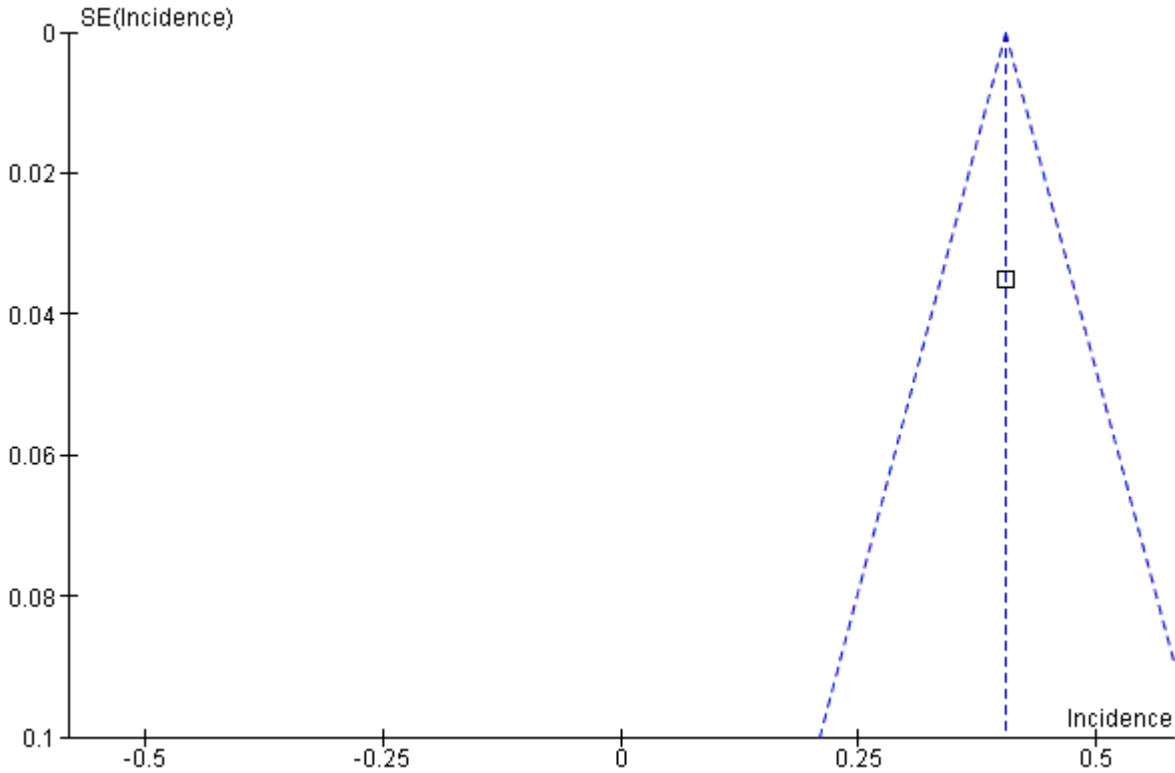
11.6.1. Sensitivity analysis of the utilization of fertility treatment, impact of study design  
Not applicable, all studies retrospective

11.7.1. Sensitivity analysis of the utilization of fertility treatment, impact of publication date  
Not applicable, all studies published after the year 2000

12.1.1. Forest plot of the incidence of chronic postoperative pain, including all studies

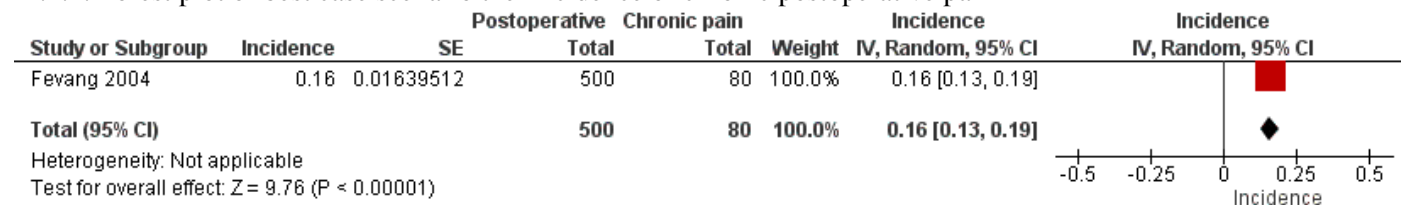


12.1.2. Funnel plot of studies included in analysis of chronic postoperative pain

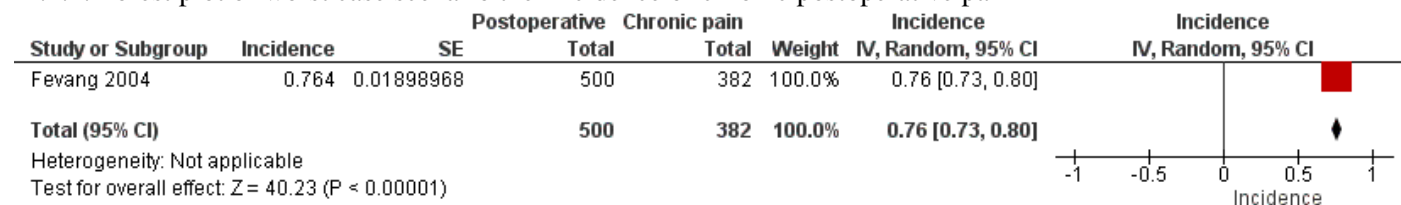




### 12.2.1. Forest plot of best case scenario the incidence of chronic postoperative pain



### 12.2.2. Forest plot of worst case scenario the incidence of chronic postoperative pain



12.3.1. incidence of chronic postoperative pain, by anatomical location:  
Not applicable, all studies lower GI surgery (appendectomy)

12.4.1. incidence of chronic postoperative pain, by surgical technique  
Not applicable, surgical technique not specified in 1 study.

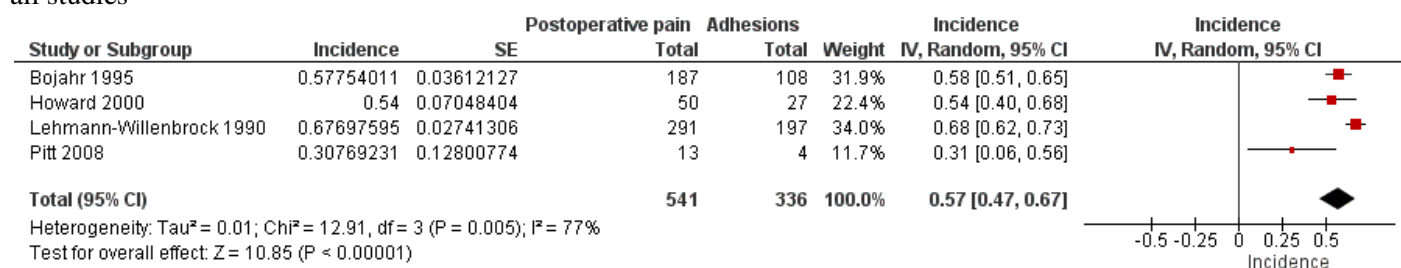
12.5.1. Sensitivity analysis of the incidence of chronic postoperative pain, impact of individual studies  
Not applicable, only 1 study in analysis

12.6.1. Sensitivity analysis of the incidence of chronic postoperative pain, impact of quality of study  
Not applicable, all studies intermediate quality

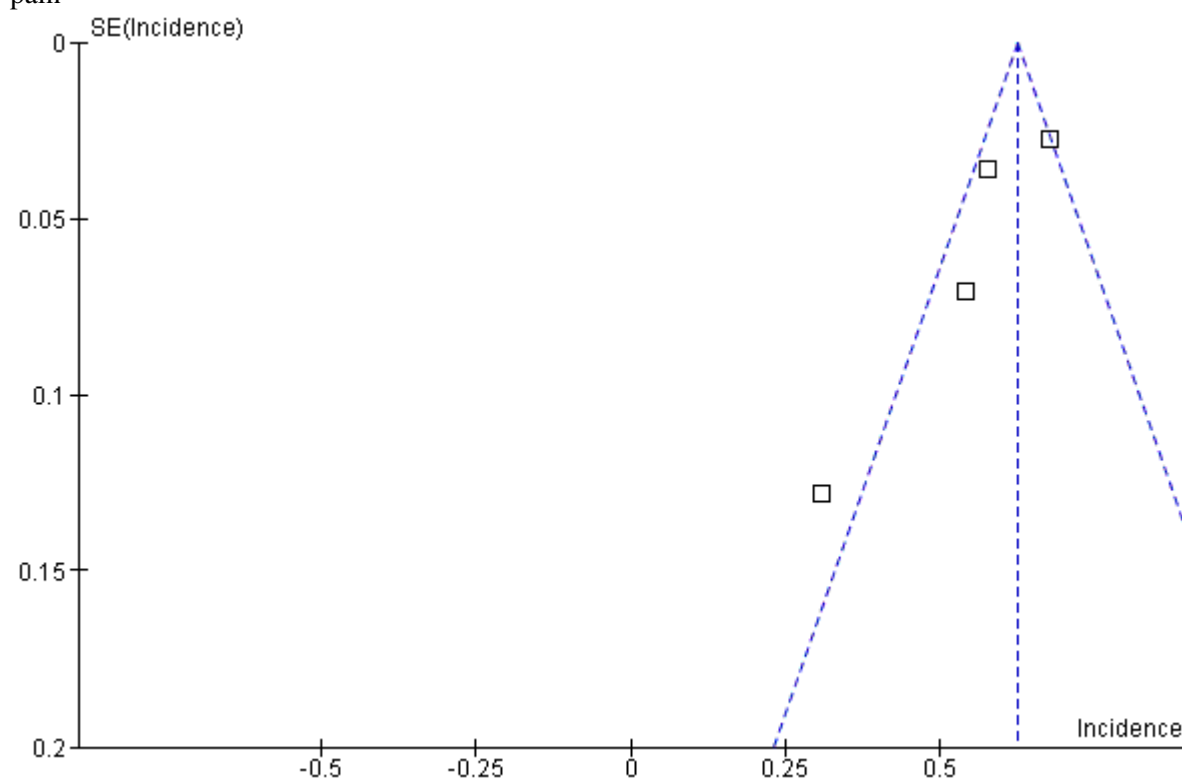
12.7.1. Sensitivity analysis of the incidence of chronic postoperative pain, impact of study design  
Not applicable, all studies retrospective

12.8.1. Sensitivity analysis of the incidence of chronic postoperative pain, impact of publication date  
Not applicable, all studies published after the year 2000

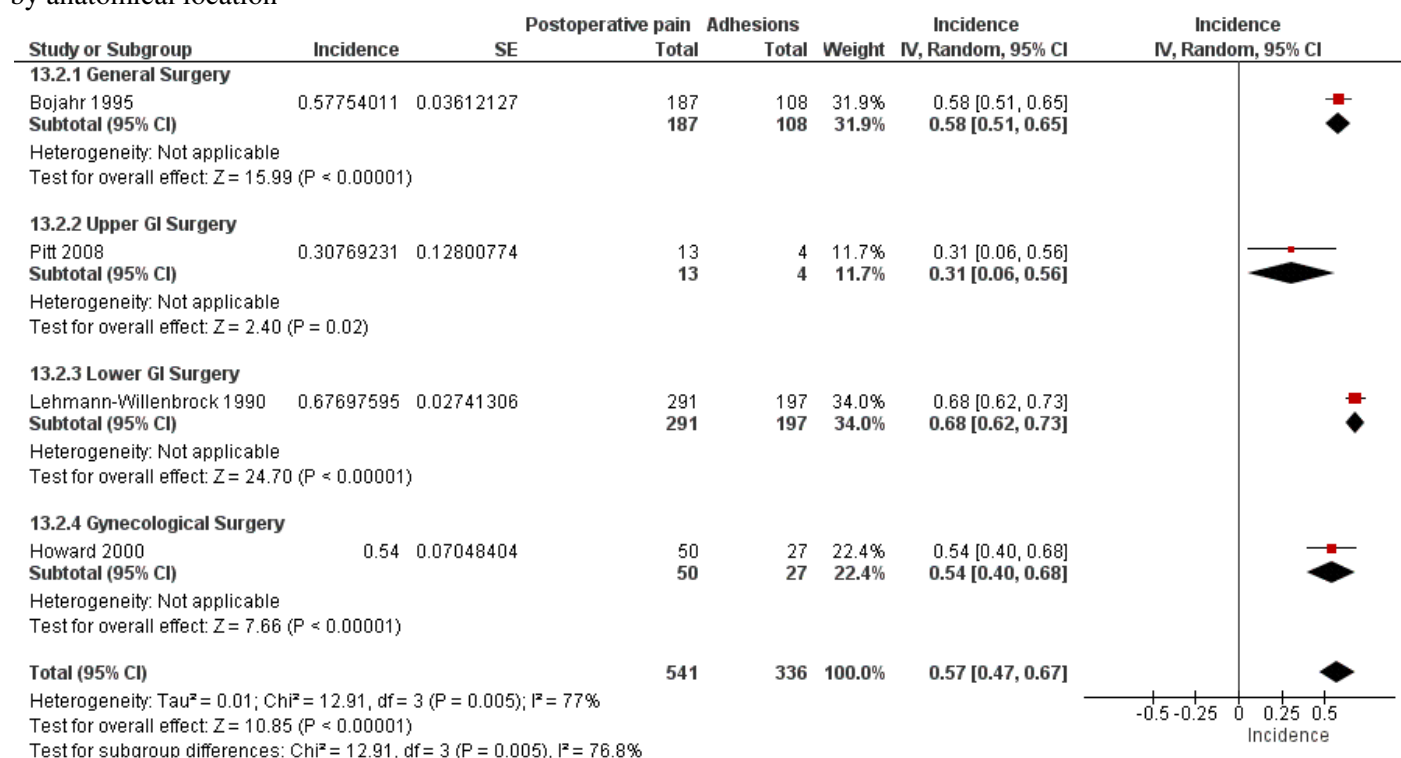
### 13.1.1. Forest plot of the cross sectional incidence of adhesions in patients with chronic postoperative pain, including all studies



### 13.1.2. Funnel plot of studies included in analysis of incidence of adhesions in patients with chronic postoperative pain



### 13.2.1. Forest plot of the cross sectional incidence of adhesions in patients with chronic postoperative pain, stratified by anatomical location



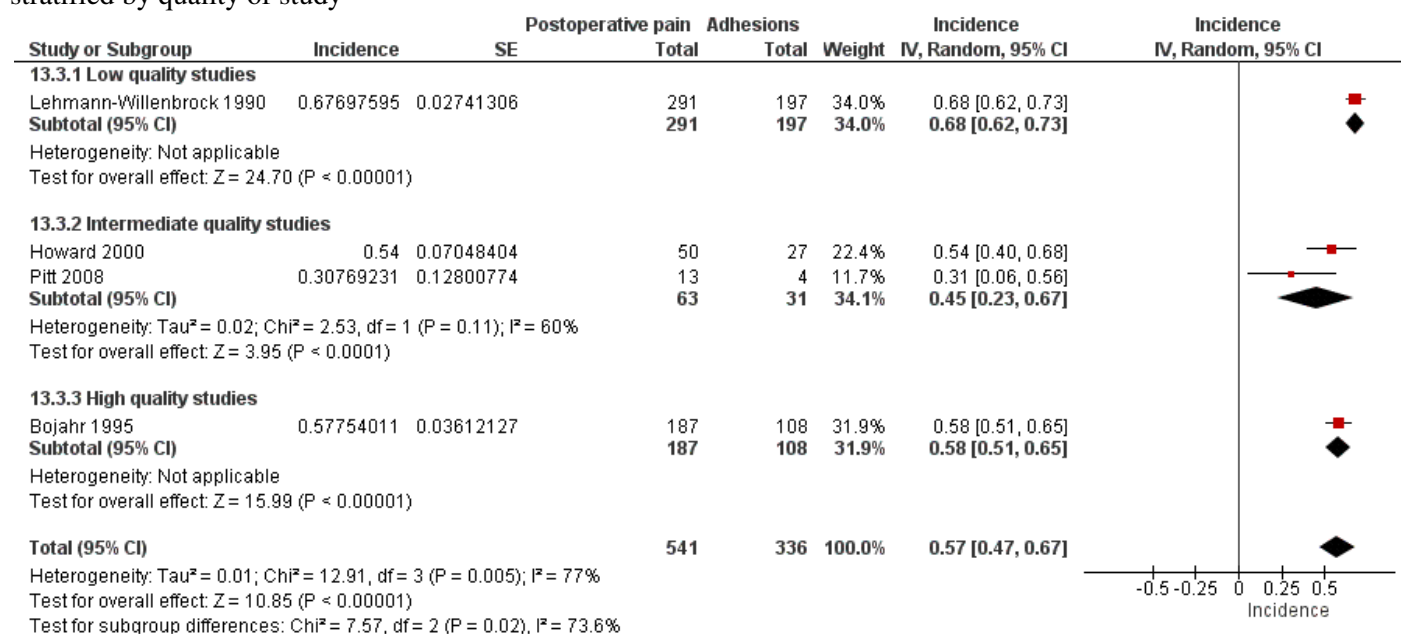
13.3.1. Cross sectional incidence of adhesions in patients with chronic postoperative pain, by surgical technique.  
Not applicable.

3 studies excluded. Surgical technique not specified in one. No data per subgroup of surgical technique in 2 studies.  
Remaining study (Pitt 2008) is performed in laparoscopy group, point estimate: 0.31 95%CI: 0.06-0.56.

13.4.1. Sensitivity analysis of the cross sectional incidence of adhesions in patients with chronic postoperative pain, impact of individual studies.

Study	Point estimate	95%CI
All studies included	0.57	0.47-0.67
Bojahr 1995	0.54	0.37-0.72
Howard 2000	0.58	0.45-0.70
Lehmann-Willenbrock 1990	0.52	0.41-0.64
Pitt 2008	0.61	0.53-0.70

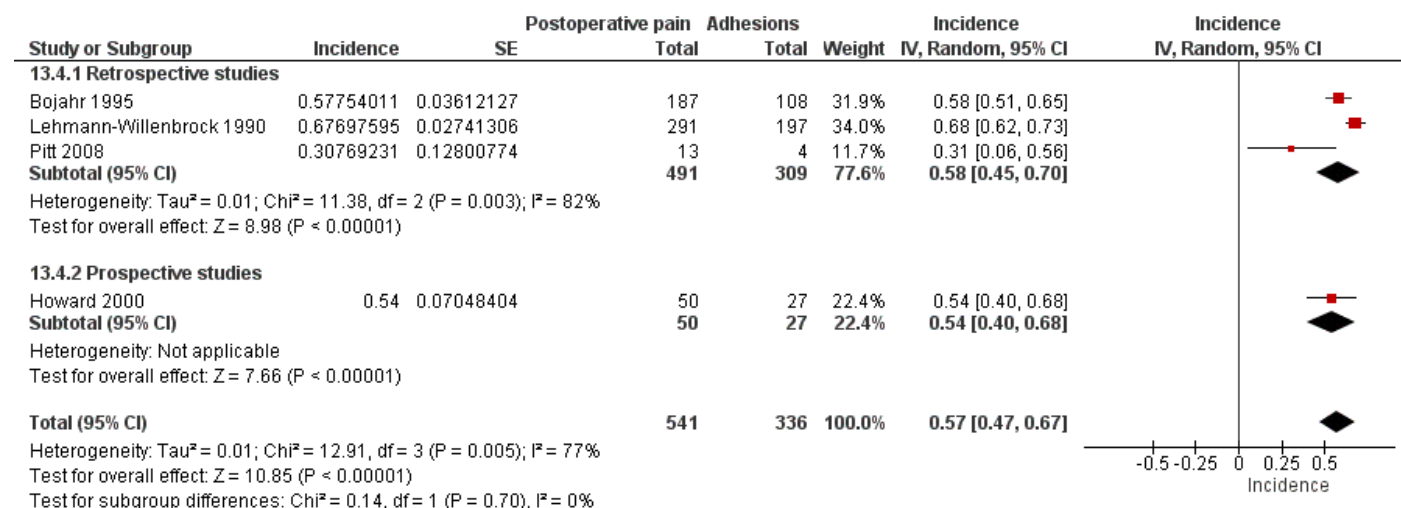
### 13.5.1. Sensitivity analysis of the cross sectional incidence of adhesions in patients with chronic postoperative pain, stratified by quality of study



### 13.5.2. Table of sensitivity analysis of the cross sectional incidence of adhesions in patients with chronic postoperative pain, impact of quality of studies

Studies	Point Estimate	95%CI
All studies included	0.57	0.47-0.67
Low quality studies only	0.68	0.62-0.73
Intermediate quality studies only	0.45	0.23-0.67
High quality studies only	0.58	0.51-0.65

### 13.6.1. Sensitivity analysis of the cross sectional incidence of adhesions in patients with chronic postoperative pain, stratified by study design

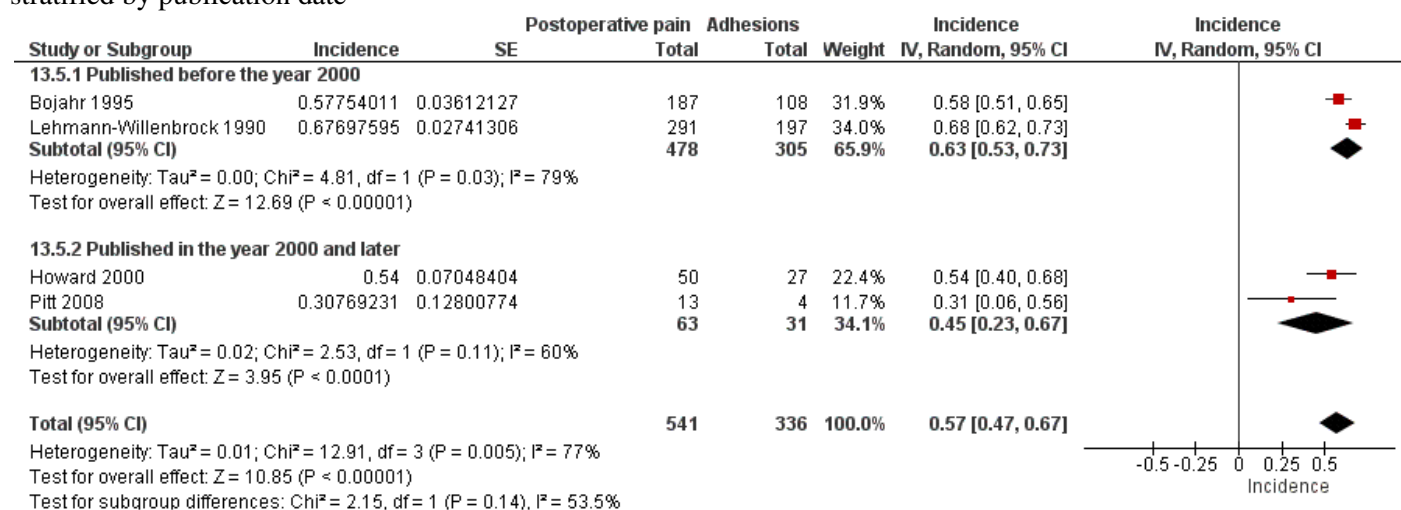


### 13.6.2. Table of sensitivity analysis of the cross sectional incidence of adhesions in patients with chronic postoperative pain, impact of study design

Studies	Point Estimate	95% CI
All studies included	0.57	0.47-0.67
Retrospective studies only	0.58	0.45-0.70
Prospective studies only	0.54	0.40-0.68



### 13.7.1. Sensitivity analysis of the cross sectional incidence of adhesions in patients with chronic postoperative pain, stratified by publication date



### 13.7.2. Table of sensitivity analysis of the cross sectional incidence of adhesions in patients with chronic postoperative pain, impact of publication date

Studies	Point Estimate	95% CI
All studies included	0.57	0.47-0.67
Studies published before the year 2000	0.63	0.53-0.73
Studies published in the year 2000 and later	0.45	0.23-0.67